

**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 OUR PRIVACY OFFICER AT 214.493.4000.**

This Notice of Privacy Practices describes how Medical Clinic of North Texas PLLC, d/b/a USMD Physician Services, ("USMD") may use and disclose your protected health information ("PHI") to carry out your treatment, payment for your health care, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related to health care services. We are required to maintain the privacy of PHI and to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices via our website, [www.USMD.com](http://www.USMD.com), or by calling your USMD physician office and requesting that a copy be sent to you in the mail or asking for one at the time of your next appointment. A copy will also be posted in the office.

**1. Uses and Disclosures of PHI**

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of USMD. Following are some examples of the types of uses and disclosures of your PHI that USMD is permitted to make.

**TREATMENT:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to physicians who may be treating you or who become involved in your care.

**PAYMENT:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to

you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**HEALTHCARE OPERATIONS:** We may use or disclose, as-needed, your PHI in order to support the professional and business activities of USMD. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical and nursing students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical and nursing school students that see patients at USMD. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and provide other requested information. We may also call you by name in the waiting room when you are ready to be seen. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with a Business Associate or Business Associate sub-contractor, or any affiliate of USMD with whom we share information; to perform various activities (e.g., billing, transcription services, telephone answering services, etc.) for USMD. We may use or disclose your PHI, as necessary, to provide you with appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Uses and Disclosures of PHI Based upon Your Written Authorization.**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or USMD has taken an action in reliance on the use or disclosure indicated in the authorization.

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

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician or USMD may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Unless you object, USMD may decide to provide a copy of your PHI to your treating physician, departing USMD, for the purpose of continuity of care.

**OTHERS INVOLVED IN YOUR HEALTHCARE:**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your 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. 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.

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

We may use or disclose your PHI in the following situations without your authorization. These situations include:

**REQUIRED BY LAW:** We may use or disclose your PHI to the extent that the use or disclosure is required by 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 may be notified, as required by law, of any such uses or disclosures.

**BREACH NOTIFICATION:** We will notify affected individuals of a breach of unsecured PHI.

**PUBLIC HEALTH:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**COMMUNICABLE DISEASES:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**FOOD AND DRUG ADMINISTRATION:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**RESEARCH:** If you choose to participate in medical or scientific research, we may disclose your PHI to researchers when their 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.

**HEALTH OVERSIGHT:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. 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.

**ABUSE OR NEGLECT:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. We may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**LEGAL PROCEEDINGS:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

**LAW ENFORCEMENT:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of USMD, and (6) medical emergency (not on USMD premises) and it is likely that a crime has occurred.

**CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**CRIMINAL ACTIVITY:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**WORKERS' COMPENSATION:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**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 for benefits, or (3) to foreign military authority if you are a member of that foreign military service. 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.

**INMATES:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**REQUIRED USES AND DISCLOSURES:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act, Section 164.500 et. seq.

**SPECIAL CIRCUMSTANCES:** Alcohol and drug abuse and certain infectious disease information have special privacy protections. USMD will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse or certain infectious disease treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

**FUNDRAISING/MARKETING:** USMD will not use your PHI for fundraising or marketing purposes or sell your PHI without your written permission.

## 2. Your Rights

The following uses and disclosures will only be made with your written authorization: (i) most uses and disclosures of psychotherapy notes; (ii) Other than face-to-face conversations about services and treatment alternatives we will not use your protected information for third party marketing purposes without your authorization; (iii) disclosures that constitute a sale of PHI; (iv) other uses and disclosures not described in the Notice of Privacy Practices.

**Right to Access and Notice of Electronic Health Records under Texas Law. You are hereby notified that USMD maintains an electronic health record system for your records.** You may submit a written request to USMD for a copy of your electronic health records which will be provided to you electronically within 15 days unless you agree to accept your records in another form. Under limited circumstances, your request may be denied.

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of your health record, as provided by law. The request must be made in writing.

**You have the right to request a restriction of your PHI.** You have the right to restrict disclosure of PHI to a health plan where you paid out-of-pocket, in full, for the care or service provided. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare 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 of Privacy Practices. We are not required to agree to a restriction that you may request.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative 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 the request.

**You may have the right to have your physician amend your PHI.** This means you may request, in writing, an amendment of your health record as provided by law, for the purpose of correcting an error or misinformation. You will be notified if the request cannot be granted.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI, as provided by law.** This request, made in writing, excludes disclosures we may have made to you or others involved in your care, or for notification purposes to legal or regulatory agencies. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

**You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

## 3. Questions or Complaints

If you have a question or complaint about your privacy rights, please contact the USMD Privacy Officer via phone at **214.493.4000** or via mail at 6333 North State Highway 161, Suite 200, Irving, TX 75038. Should the Privacy Officer be unable to resolve your complaint to your satisfaction, you may file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1.877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**This notice became effective on February 19, 2016.**