

FREEDOM URGENT CARE, PLLC

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NOTICE OF PRIVACY PRACTICES

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.

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. The HIPAA Privacy Rule requires us to address many specific things in this notice.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient. This information is called "protected health information" or "PHI". This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office. We will provide you with a copy.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

TREATMENT: We may use and disclose PHI about you to provide, coordinate, or manage your health care. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. We may also disclose PHI about you for the treatment activities of another care provider

PAYMENT: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

HEALTH CARE OPERATIONS: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company.

COMMUNICATION FROM OUR OFFICE: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

PUBLIC HEALTH ACTIVITIES: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health.

ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

LAWSUITS AND OTHER LEGAL PROCEEDINGS: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery request, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

WORKERS' COMPENSATION: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

OTHER USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:

Under federal law you have the following rights regarding PHI about you:

RIGHT TO REQUEST RESTRICTIONS: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and health care operations. You may also request additional restrictions, on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. **We are not required to agree to your request.** If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information and (3) to whom you want those restrictions to apply.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS: You have the right to request that you receive communications regarding PHI in certain manner or at a certain location. You must make your request in writing. You must specify how you would like to be contacted. We are required to accommodate only reasonable requests.

RIGHT TO INSPECT AND COPY: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying postage, labor, and supplies used in meeting your request.

RIGHT TO AMMEND: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to your Privacy Official. You must also give us a reason for request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for request.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES: You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable cost of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.