



Privacy/HIPAA Policies & Procedures Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Company is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact us at 830-267-4575.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you are admitted to our practice, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

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| plan your care and treatment | provide information for medical research |
| communicate with other health professionals involved in your care | provide information to public health officials |
| document the care you receive | evaluate and improve the care we provide |
| educate health professionals | obtain payment for the care we provide |

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

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| * ensure it is accurate | * make more informed decisions when authorizing disclosure to others |
| * better understand who may access your health information | |

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For Treatment. We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan your meals. We may also disclose health information about you to people outside the Company who may be involved in your medical care after you leave our care. This may include family members, or visiting nurses to provide care in your home.

Boerne Clinic
17 Old San Antonio Road, Suite 202
Boerne, TX 78006
(830) 214-7714

Stone Oak Clinic
540 Oak Centre Drive, Suite 260
San Antonio, TX 78258
(210) 640-9772

For Payment. We may use and disclose health information about you so that the treatment and services you receive may be billed to you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all patients receive quality care. For example, we may use health information for quality assessment and for developing and evaluating clinical protocols. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients.

OTHER ALLOWABLE USES OR DISCLOSURES

We may also use or disclose your information for certain other purposes allowed by 45 CFR Part 164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others
- As required by state or federal law such as reporting abuse, neglect or certain other events
- As allowed by Worker's compensation laws for use in worker's compensation proceedings
- For certain public health activities such as reporting certain diseases
- For certain public health oversight activities such as audits, investigations, or licensure actions
- In response to a court order, warrant or subpoena in judicial or administrative proceedings
- For certain specialized government functions such as the military or correctional institutions
- For research purposes if certain conditions are satisfied
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties

Uses and Disclosures With Your Written Authorization:

Other than the uses and disclosures described above, we will not use or disclose medical information about you without an "authorization" that is signed by you or, if you are unable to sign the authorization, by your personal representative. For example, we may wish to use or disclose your health information for reasons other than those that are described above, and before we can use or disclose your health information, we must obtain your permission to do so. In those instances, you may contact us to ask us to disclose your health information. Before we can disclose your health information we will ask you to sign an authorization form that gives us permission to do so.

If you sign a written authorization allowing us to disclose health information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). You may revoke your authorization by submitting a written notice to the Privacy Officer identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

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Your Health information Rights

The health and billing records we maintain are the physical property of the Practice. The information in them, however, belongs to you. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
- We normally contact you by telephone, mail at your home address and possibly by e-mail if you have given your e-mail address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
- You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g. if we determine that disclosure may result in harm to you or others.
- You may request that your protected health information be amended. We may deny your request for certain reasons, e.g. if we did not create the record or if we determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures we have made of your protected health information. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
- You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.
- You may receive notification of a breach of your unsecured PHI.
- You may revoke any of your prior authorizations to use or disclose information by delivering a written revocation to our Practice (except to the extent action has already been taken based on a prior authorization).

Changes To This Notice:

We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or the Privacy Officer.

Complaints:

If you believe Centric Physicians misused or disclosed your health information improperly, you may file a complaint with Centric Physicians by contacting our Privacy Officer as listed below. Alternatively, you may file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from the Practice. We cannot, and will not, retaliate against you for filing a complaint.

Privacy Officer
Centric Physicians Group
113 Pleasant Valley Drive, Suite #210
Boerne, TX 78006

or

Office of Civil Rights OCRComplaint@hhs.gov

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PLEASE COMPLETE THIS SECTION

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Practice Name: **CENTRIC PHYSICIANS GROUP**

I acknowledge that I have been provided with a copy of the Practice's Notice of Privacy Practices.

_____ /_____/_____
Print Name Date of Birth

_____ /_____/_____
Patient (or Patient Representative*) Signature Today's Date

For Practice Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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*If Patient Representative is signing, legal documentation must be included designating authority to sign or receive information. This form must be maintained for 6 years.

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