



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.

EFFECTIVE 5/20/2014

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) (including requirements by the modifications in the law made by the Health Information Technology for Economic and Clinical Health Act of 2009 -the "HITECH Act").

I. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining your privacy of your protected health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to: maintain the confidentiality of protected health information (including *genetic information*), provide you with this notice of our legal duties and privacy practices concerning your protected health information, follow the terms of the notice of privacy practices that we have in effect at this time, and we must notify affected individuals following a breach of unsecured medical information under federal law. This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. It describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health services.

We are required to abide by the terms of this Notice of Privacy Practices, and you may request a copy of our current notices. We may change our policies and this notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any Revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically).

To summarize, this notice provides you with the following important information:

- How we may use and disclose your protected health information.

- Your privacy rights in your protected health information.
- Our obligations concerning the use and disclosure of your protected health information.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRACTICE'S HIPAA PRIVACY OFFICER.

Contact information can be found in Section VI of this notice.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITHOUT YOUR AUTHORIZATION.

The following categories describe the different reasons that we typically use and disclose medical information. These categories are intended to be general descriptions only, and not a list of every instance in which we may use or disclose your medical information. Please understand that for these categories, the law generally does not required us to get your authorization in order for us to use or disclose your medical information.

A. For Treatment. We may use and disclose medical information about you to provide you with health care treatment and related services, including coordination and managing your health care. We may disclose medical information about you to physicians, nurses, other health care providers and personnel who are providing or involved in providing health care to you (both within and outside of the Practice). For example, should your care required referral to or treatment by another physician of a specialty outside of the Practice, we may provide that physician with you medical information in order to aid the physician in his or her treatment of you. Another example is using and disclosing your medical information to facilitate filling a prescription, to obtain lab work or x-ray, or other healthcare services.

B. For Payment. We may use and disclose medical information about you so that we may bill and collect from you, an insurance company, or a third party for the health care services we provide. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as family members. If, however, you pay in full out of pocket for an item or service and request that we not disclose to your health plan the medical information solely relating to that item or service, as described more fully in Section IV of the Notice, we will follow that restriction on discloser unless otherwise required by law.

C. For Health Care Operations. We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to operate and manage our practice and to promote quality care. For example, we may need to use or disclose your medical information in order to assess the quality of care you receive or to conduct certain cost management, business management, administrative, or quality improvement activities or to provide information to our insurance carriers.

D. Quality Assurance. We may need to use or disclose your medical information for our internal processes to assess and facilitate the provision of quality care to our patients.

E. Utilization Review. We may need to use or disclose your medical information to perform a review of the services we provide in order to evaluate whether the appropriate level of services is received, depending on condition and diagnosis.

F. Credentialing and Peer Review. We may need to use or disclose your medical information in order for us to review the credentials, qualifications, and actions of our health care providers.

G. Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

H. Appointment Reminders and Health Related Benefits and Services. We may use and disclose medical information, in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine or voicemail) to provide appointment reminders and other information. You may receive appointment reminders from the Vital Interaction automated service. Vital Interaction may use various methods of communication including phone calls, e-mails, or through text messages. In addition to appointment reminders, we may call you to notify you of diagnostic tests, study results, and laboratory results.

We may also use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you.

I. Business Associates. There are some services (such as testing, billing, or legal services) that may be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

J. Others Involved in Your Healthcare. Unless you object, we may disclose your medical information to a family member, a relative, a close friend, or any other person you authorize, who is directly involved in your health care. We will only disclose your medical information in this manner as allowed by state or federal law with an opportunity for you to agree or object when required under the law. If you are unable to agree or object to such a disclosure, we may disclose information as necessary.

We may use or disclose protected information 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, if we determine that it is in your best interest based on our professional judgment.

K. As Required by Law. We will disclose medical information about you when required to so by federal, state or local law or regulations. For example, under the law, we must make disclosures of your medical information when required by the Secretary of the Department of Health and Human Services to investigate or to determine our compliance with the requirements of Section 164.500 et. seq.

L. To Avert an Imminent Threat of Injury to Health or Safety. We may use and disclose medical information about you when necessary to prevent or decrease a serious and

imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person. Discloser would only be to a person or organization able to help prevent the threat, including medical or law enforcement personnel.

M. Organ and Tissue Donation. If you are an organ donor, we may use and disclose medical information to organizations that handle organ procurement, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

N. Research. We may use or disclose your medical information for research purposes in certain situations. Texas law permits us to disclose your medical information without your written authorization to qualified personnel for research, but the personnel may not directly or indirectly identify a patient in any report of the research or otherwise disclose identity in any manner. Additionally, a special approval process will be used for research purposes when required by state or federal law. For example, we may use or disclose your information to an institutional review board or other authorized privacy boards to obtain a waiver of authorization under HIPAA. Additionally, we may use or disclose your medical information for research purposes if your authorization has been obtained when required by law or if the information we provide to researches is de-identified.

O. Military and Veterans. If you are a member of the armed forces, we may use and disclose medical information about you as required by the appropriate military authorities.

P. Workers' Compensation. We may disclose medical information about you for your workers' compensation or similar program. These programs provide benefits for work-related injuries. For example, if you have injuries that resulted from your employment, workers' compensation insurance or a state workers' compensation program may be responsible for payment for your care, in which case we might be required to provide information to the surer or program.

Q. Public Health Risks. We may disclose medical information about you to public health authorities for public health activities. As a general rule, we are required by law to disclose certain types of information to public health authorities, such as the Texas Department of State Health Services. The types of information generally include information used:

- To prevent or control disease, injury, or disability (including the reporting of a particular disease or injury).
- To report births and deaths.
- To report suspected child abuse or neglect.
- To report reactions to medications or problems with medical devices and supplies.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To provide information about certain medical devices.
- To assist in public health investigations, surveillance, or interventions.

- To notify your employer, under limited circumstances, of workplace injury or illness or medical surveillance.

R. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities can include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws.

S. Legal Matters. If you are involved in a lawsuit or a legal dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process, unless we have a court order protecting the requested medical information. If we are legally required to disclose your medical information, we will make a reasonable effort to notify you of the disclosure.

In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your medical information, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

T. Law Enforcement, National Security, and Intelligence Activities. In certain circumstances, we may disclose your medical information if we are asked to do so by law enforcement officials or if we are required by law to do so. We may disclose your medical information to law enforcement personnel if necessary to prevent or decrease a serious and imminent threat of injury to your physical, mental, or emotional health or safety or the physical safety of another person. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

U. Coroners, Medical Examiners, and Funeral Home Directors. We may disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral home directors as necessary to carry out their duties. We may disclose such information in reasonable anticipation of death.

V. Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the health care personnel of a correctional institution as necessary for the institution to provide you with health care treatment. Disclosure for this purpose would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and to protect your health and safety or the health and safety of others individuals.

W. Marketing of Related Health Services. We may use or disclose your medical information to send you treatment or healthcare operations communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in exchange for making the communication only with your specific authorization unless the communication: (i) is made face-to-face by the Practice to you, (ii) consists of a promotional gift of nominal value provided by the Practice, or (iii) is otherwise permitted by law. If the marketing communication involves financial remuneration and an authorization is required, the authorization must state that

such remuneration is involved. Additionally, if we use or disclose information to send a written marketing communication (as defined by Texas law) through the mail, the communication must be sent in an envelope showing only the name and addresses of sender and recipient, and must (i) state the name and toll-free number of the entity sending the market communication, and (ii) explain the recipient's right to have the recipient's name removed from the sender's mailing list.

X. Fundraising. We may use or disclose certain limited amount of your medical information to send you fundraising materials. You have a right to opt out of receiving such fundraising communications. Any such fundraising materials sent to you will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future.

Y. Electronic Disclosures of Medical Information. Under Texas law, we are required to provide notice to you if your medical information is subject to electronic disclosure. This Notice serves as general notice that we may disclose your medical information electronically for treatment, payment. Or health care operations or as otherwise authorized or required by state or federal law.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITH YOUR AUTHORIZATION.

A. Authorizations. There are times we may need or want to use or disclose your medical information for reasons other than those listed above, but to do so we will need your prior authorization. Other than expressly provided herein, any other uses or disclosures of your medical information will require your specific written authorization. For example, we require your written authorization to release your health information to you. We also require your written authorization to send or receive your records from a provider you are transferring to/from.

B. Prohibition on Sale of Medical Information. The HITECH Act prohibits a covered entity or business associate from receiving direct or indirect payment in exchange for the medical information of any individual without a valid authorization from the individual, subject to certain exceptions listed in Section II of the Notice (public health activities, research, treatment of the individual, etc.).

C. Psychotherapy Notes, Marketing and Sale of Medical Information. Most uses and disclosures of "psychotherapy notes," uses and disclosures of medical information for marketing purposes, and disclosures that constitute a "sale of medical information" under HIPAA required your authorization.

D. Right to Revoke Authorization. If you provide us with written authorization to use or disclose your medical information for such other purposes, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made in reliance upon your authorization, and that we are required to retain our records of the care that we provided you.

IV. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.

Federal and state laws provide you with certain rights regarding the medical information we have about you. The following is a summary of those rights.

A. Right to Inspect and Copy. Under most circumstances, you have the right to inspect and copy your medical information that we have in our possession, which generally includes your medical and billing records. You do not have the right to inspect and copy psychotherapy notes. To inspect or copy your medical information, you must submit your request in writing to the Practice's HIPAA Privacy Officer at the address listed in Section VI below.

If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or certain supplies associated with your request. The fee we may charge will be the amount allowed by state law.

In certain very limited circumstances allowed by law, we may deny your request to review or copy your medical information. We will give you any such denial in writing. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

B. Right to Amend. If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by the Practice. To request an amendment, your request must be in writing and submitted to the HIPAA Privacy Officer at the address listed in Section VI below. In your request, you must provide a reason as to why you want this amendment. If we accept your request, we will notify you of that in writing.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (i) was not created by us (unless you provide a reasonable basis for asserting that the person or organization that created the information is no longer available to act on the requested amendment), (ii) is not part of the information kept by the Practice, (iii) is not part of the information which you would be permitted to inspect and copy, or (iv) is accurate and completed. If we deny your request, we will notify you of that denial in writing.

C. Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" of your medical information. This is a list of the disclosures we have made for up to six years prior to the date of your request of your medical information, but does not include disclosures for treatment, payment or health care operations (as described in Sections II (A)(B)(C) of this Notice) or disclosures made pursuant to your specific authorization (as described in Section III of this Notice), or certain other disclosures.

If we make disclosures through an electronic medical records (EMR) system, you may have an additional right to an accounting of disclosures for treatment, payment, and health care operations. Please contact the Practice's HIPAA Privacy Officer at the address set forth in Section VI below for more information regarding whether we have implemented an EMR and the effective date, if any, of any additional right to an accounting of disclosures made through an EMR for the purposes of treatment, payment, or health care operations.

To request a list of accounting, you must submit your request in writing to the Practice's HIPAA Officer at the address set forth in Section VI below.

Your request must state a time period, which may not be longer than six years (or longer than three years for treatment, payment, and health care operations disclosures made through an EMR, if applicable) and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction or limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Except as specifically described below in this Notice, we are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information needed to provide emergency treatment. In addition, there are certain situations where we will not be able to agree to your request, such as when we are required by law to use or disclose your medical information. To request restriction, you must make your request in writing to the Practice's HIPAA Privacy Officer at the address listed in Section VI of this Notice below. In your request, you must specifically tell us what information you want to limit, whether you want us to limit our use, disclosure, or both, and to whom you want the limits to apply.

As stated above, in most instances we do not have to agree to your request for restitution on disclosures that are otherwise allowed. However, if you pay or another person (other than a health plan) pays on your behalf for an item or service in full, out of pocket, and you request that we not disclose the medical information relating solely to that item or service to a health plan for the purposes of payment or health care operations, then we will be obligated to abide by that request for restriction unless the disclosure is otherwise required by law. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

E. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, not at work or, conversely, only at work and not at home. To request such confidential communications, you must make your request in writing to the Practice's HIPAA Privacy Officer at the address listed in Section VI below.

We will not ask the reason for your request, and we will use our best efforts to accommodate all reasonable requests, but there are some requests with which we will not be able to comply. Your request must specify how and where you wish to be contacted.

F. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, you can make your request in writing to the Practice's HIPAA Privacy Officer at the address set forth in Section VI below, request a copy of the Notice from the check-in counter during regular business hours, or print the Notice off the Practice's website at marcosmedical.com.

G. Right to Breach Notification. In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your medical information has been improperly disclosed or otherwise subject to a "breach" as defined in and is required by HIPAA and applicable state law.

V. CHANGES TO THIS NOTICE.

We reserve the right to change this Notice at any time, along with our privacy policies and practices. We reserve the right to make the revised or changed Notice effective for medical

information we already have about you, as well as any information we receive in the future. We will have a copy of the current notice, along with an announcement that substantive changes have been made, as applicable, in our office. When changes have been made to the Notice, you may obtain a revised copy by submitting your request in writing to the Practice's HIPAA Privacy Officer at the address set forth in Section VI below, by requesting a copy of the Notice at the check-in counter during regular business hours, or by printing the Notice off the Practice's website at marcosmedical.com.

VI. COMPLAINTS.

If you believe your privacy rights as described in this Notice have been violated, you may file a complaint with the Practice at the following address or phone number.

Marcos Medical Care
Attn: HIPAA Privacy Officer
510 Med Court Suite 210
San Antonio, TX 78258
Phone: (210) 494-4290

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

In addition, if you have any questions about this Notice, please contact the Practice's HIPAA Privacy Officer at the address or phone number listed above.

**THIS NOTICE WAS REVISED, PUBLISHED, AND BECOMES EFFECTIVE ON
May 20, 2014.**



Acknowledgement of Receipt of Notice of Privacy Practices and Requested Restrictions

By signing below, you acknowledge that you have received this Notice of Privacy Practices prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

I, _____ have received a copy of this office's Notice of Privacy Practices.

Patient Name: _____ Date of Birth: _____
(Please Print Name)

Patient/Legal Representative: _____ Date: _____
(Signature)

If Legal Representative, relationship to Patient: _____

For Office 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)
