

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY TSAOG ORTHOPAEDICS & SPINE (TSAOG) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medical information about you and your health is personal, and we are committed to protecting this information. When you receive medical care from TSAOG, a record of the care and services is made. This record contains your treatment plan, history and physical, test results, and billing record. This record helps TSAOG plan your treatment and services, provides communication among the physicians and other health care providers involved in your care, is a means by which you or a third-party payor can verify that services billed were actually provided, is a source of information for public health officials, and helps with improving the quality of care rendered.

This Notice tells you how we may use and disclose your protected health information (“medical information”) and your rights and our obligations about the use and disclosure of this information, which includes diagnosis, treatment, and payment.

TSAOG is required by law to make every effort to maintain the privacy of your medical information, provide you with notice of our legal duties and privacy practices with respect to your information, 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, notify you and the Department of Health & Human Services of any unauthorized acquisition, access, use or disclosure of your unsecured medical information, and to grant a request to restrict information to your health plan(s) for items or services that you paid in full unless another law forbids the restriction.

The following categories describe different ways we may use and disclose your medical information, whether electronic or otherwise. The examples do not include every possible use or disclosure.

For Treatment. We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care. We may also share information (minimum necessary) to those friends or family members involved in your care unless you request a restriction. Information may be in an electronic format.

For Payment. We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you. We may also share information (minimum necessary) to friends or family members involved in payment for your care unless you request a restriction. Information may be in an electronic format.

For Health Care Operations. We may use and disclose medical information about you for office operation to run TSAOG in an efficient manner and so that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. Medical records are audited for timely documentation and correct billing. Information may be in an electronic format.

As Required by Law. We will disclose medical information about you when required to do so by federal or Texas laws or regulations. This may include information needed by a correctional institute to protect inmates or employees. Information may be in an electronic format.

Public Health Activities. We may disclose medical information about you to a public health authority for the purpose of preventing or controlling disease, injury, or disability. This may include reporting reactions to medications or problems with products or to notify people of recalls of products they may be using. All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations. Information may be in an electronic format.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, eligibility, or compliance, and to enforce health-related civil rights and criminal laws. Information may be in an electronic format.

For Law Enforcement Purposes. We may release your medical information for law enforcement purposes, including in response to a subpoena or if TSAOG determines there is a probability of imminent physical, mental, or emotional injury to you or another person. We may also disclose pertinent information to the appropriate authorities if we suspect abuse, neglect, or domestic abuse or to avert a serious threat to the safety or health of a person or the general public. Information may be in an electronic format.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner when authorized by law (e.g., to identify a deceased person or determine the cause of death), or to funeral directors to help them in their responsibilities. We may release information or for procurement of organ, eye, or tissue transplantations if you have documented your wish to be a donor. Information may be in an electronic format.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. Information may be in an electronic format.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. Information may be in an electronic format.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes, but only if you have given specific authorization prior to the release of information for research purposes. Information may be in an electronic format.

Other Uses or Disclosures. Any other use or disclosure of PHI will be made only upon your individual written authorization. You will receive a copy of the authorization and may revoke an authorization at any time, provided that it is in writing, and we have not already relied on the authorization. Information may be in an electronic format.

DISCLOSURES REQUIRING AUTHORIZATION

Marketing. Marketing *generally* includes a communication made to describe a health-related product or service that may encourage you to purchase or use the product or service. We will obtain your written authorization to use and disclose PHI for marketing purposes unless the communication is made face-to-face, involves a promotional gift of nominal value, or otherwise permitted by law. You have the right to revoke such authorization in writing.

Sale of your Medical Information. Should TSAOG merge or the practice is sold to another physician group, your medical record may be part of the asset transfer. Any other sale of protected health information requires your written authorization. You have the right to revoke such authorization in writing.

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

Right to Inspect and Copy. To inspect and copy your medical or billing information, you must

submit your request in writing to the Privacy Officer for TSAOG. TSAOG may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records. You have the right to choose a summary of your care or to receive either the full report or a summary in an electronic format acceptable to you within 15 days of receipt of your request.

TSAOG may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by TSAOG will review your request and denial. The person conducting the review will not be the person who denied your request. TSAOG will comply with the outcome of the review.

Right to Amend. If you feel that medical information maintained about you is incorrect or incomplete, you may ask TSAOG to amend the information. You have the right to request an amendment for as long as the information is kept by TSAOG.

Your request for an amendment must be made in writing and submitted to TSAOG. You must provide a reason that supports your request.

TSAOG 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, TSAOG may deny your request if you ask us to amend information that:

- Was not created by TSAOG, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by TSAOG;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, TSAOG will inform you in writing.

Right to an Accounting of Disclosures. This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list, submit your request in writing to the Director of Operations. Your request must state a time period which may not be longer than six (6) years and must indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. You may receive this accounting in an electronic format if you choose.

Right to Request Restrictions. You also have the right to request a restriction or limitation on the medical information TSAOG uses or discloses about you for treatment, payment, or health care operations, including the medical information TSAOG discloses about you to someone who is involved in your care or the payment for your care.

TSAOG is not required to agree to your request unless the request pertains solely to a healthcare item or service for which TSAOG has been paid out of pocket in full and: (i) the restriction pertains to payment or a healthcare operation and (ii) the disclosure is not otherwise required by law. Should TSAOG agree to your request, TSAOG will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to TSAOG. In your request, you may indicate:

- (1) what information you want to limit;
- (2) whether you want to limit TSAOG's use and/or disclosure; and
- (3) to whom you want the limits to apply.

If your request is denied, TSAOG will inform you in writing.

Right to Request Confidential Communications. To request that TSAOG communicate with you about medical matters in a certain way or at a certain location, you must make your request in writing to the Privacy Officer, but you do not have to give a reason for the request. TSAOG will accommodate all reasonable requests. You must specify how or where you wish to be contacted. If additional costs are incurred, those costs will be passed on to you.

If your request is denied, TSAOG will inform you in writing.

Right to Revoke an Authorization. If you authorize a particular use or disclosure of your medical information, you may revoke such authorization in writing by contacting **the Director of Operations at 210-804-5400**. We will honor your revocation, except to the extent that we have already taken action in reliance of the specific authorization.

Right to Receive a Copy of this Document. You have a right to obtain a paper or electronic copy of this document upon request.

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer. See contact information below.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with TSAOG or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with TSAOG, contact **the Director of Compliance at 210-804-5429** within 180 days of when you knew that the act occurred. All complaints should be submitted in writing. ***You will NOT be penalized for filing a complaint.*** If you have any questions about this Notice, please contact the Office for Civil Rights at 1-800-445-4263. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services
Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*

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