

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.

- I. **WHO ARE WE** This Notice describes the privacy practices of TSAOG including how we may use and disclose your protected health information (“PHI”), your rights, and our obligations about the use and disclosure of this information, which includes diagnosis, treatment, and payment.
- II. **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION – Treatment, Payment, and Healthcare Operations**
TSAOG understands that information about you and your health is very personal. Therefore, we strive to protect your privacy. We are required by law to maintain the privacy of our patients’ protected health information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We will only use and disclose your PHI as described in this Notice. We are required to abide by the terms of this Notice so long as it remains in effect.
- A. **Treatment** We may use and disclose your PHI in connection with your treatment and/or other services provided to you - for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders, information about treatment alternatives, other health-related benefits, and/or services. We may also disclose PHI to other providers (e.g., physicians, nurses, pharmacists, primary care, specialist, and other healthcare facilities involved in your treatment, and family/friends if authorized).
- B. **Payment** We may use and disclose your PHI to obtain payment for services that we provide to you - for example, to request payment from your health insurance carrier and to verify that your health insurance carrier will pay for your healthcare services. We may also share information (minimum necessary) to friends/family involved in payment for your care only if authorized.
- C. **Healthcare Operations** We may use and disclose your PHI for TSAOG’s healthcare operations. These include internal planning that improve the quality of patient care and the cost effectiveness of our healthcare services. For example, we may use your PHI to evaluate the appropriateness of your patient care, competence of our physicians, nurses, and other healthcare workers. Medical records are audited for timely documentation and correct billing. We may also use PHI to resolve patient problems and complaints.
- D. **Business Associates** We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide your information to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.
- E. **Other Healthcare Providers** We may also disclose PHI to other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations - for example, for emergency ambulance companies to request payment for services in bringing you to the hospital.
- F. **Health Information Exchanges** We participate in Health Information Exchanges (HIEs) which, through secure connected networks with healthcare providers who participate in the HIEs, makes it possible for us to electronically share PHI to coordinate patient care. We may electronically share your medical information through HIEs, among participating HIE members for the purposes of treatment, payment, healthcare operations, and other authorized purposes, to the extent permitted by law.
- G. **Communications** By providing us with your contact information, you agree to receive such information from us, from the persons, and/or entities with whom we share your PHI by automated means, which may include the use of an automatic telephone dialing system (“ATDS”), pre-recorded message, artificial voice, SMS/text, and/or electronic mail (“email”).
- H. **Telephone/SMS-Text/Email** We may use and disclose your PHI in connection with your treatment and/or other services provided to you. In addition, we may contact you to provide appointment reminders, notifications, alerts, billing, or satisfaction surveys. These emails, telephone calls, or SMS/text messages may also include but are not limited to lab orders, refill related requests, alternative treatment options, other clinical information, telephone calls, voicemails, and/or text messages.
- I. **Revoke/Opt-Out** You have the right to revoke (opt-out, cancel, discontinue, or decline) participation to receive communications at any time by contacting our office or by responding to messages in a manner that is provided within the message (i.e. “you may use the “unsubscribe” link or “reply STOP to be removed from future messages”)
- Note:** Any listed above may process information in an electronic format.
- III. **USE AND DISCLOSURE OF YOUR PHI – Authorization is Not Required**
- A. **Persons Involved with Your Care** We may disclose your PHI to a family member or other person who helps with your medical care. Normally we would have your written consent but if you are unable to tell us what you want, we will use our best judgement.
- B. **Public Health Activities** We may disclose your PHI for the following public health activities: 1) preventing or controlling disease, injury, or disability; 2) reporting child abuse/neglect to public health or government authorities authorized by law; 3) reporting reactions to medications and problems with products; 4) alerting a person who may have been exposed to an infectious disease; 5) notifying people of recalls of products they may be using; and 6) reporting work-related illnesses and injuries or workplace medical surveillance as required by law.
- C. **Victims of Abuse, Neglect or Domestic Violence** If we have reason to believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government authority, including a social or protective service agency, authorized by law to receive reports of such abuse, neglect, or domestic violence as required by law.
- D. **Health Oversight Activities** We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.
- E. **Legal Proceedings and Law Enforcement** We may disclose your PHI in response to a court order, subpoena, or

other lawful process.

- F. **Coroners, Medical Examiners, Deceased Person** We may disclose the PHI of a deceased individual to a coroner, medical examiner, or funeral director as authorized by law to receive such information.
- G. **Organ and Tissue** We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation if you have documented your wish to be a donor.
- H. **Public Safety** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a person or the public.
- I. **Military and Veterans** We may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counterintelligence, or national security activities.
- J. **Workers' Compensation** We may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.
- K. **Inmates** If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.
- L. **As Required by Law** We may use and disclose your PHI when required to do so by any other laws not already referenced above.

Note: A signed attestation may be required for requesters listed in section III of PHI potentially related to reproductive healthcare.

IV. USE AND DISCLOSURE – REQUIRING Written Authorization

For any purpose other than the ones described above, we may use or disclose your PHI only when you give TSAOG your specific written authorization. For instance, you will need to sign an authorization form before we send your PHI to a life insurance company. The following are examples of other uses or disclosures for which your specific written authorization is required:

- A. **Marketing** We may contact you as part of our marketing activities, as permitted by law. We will obtain your written permission when the use and disclosure of PHI are for marketing purposes which generally includes a communication made to describe a health-related products or services.
- B. **Research** When conducting research, under certain circumstances, we will use and disclose your PHI, but only if you have given specific authorization prior to the release of information for research purposes.
- C. **Sale of PHI** Should we wish to disclose your PHI in any manner that would constitute a sale of your PHI, we will obtain your written authorization to do so. However, should TSAOG merge or the practice is sold to another physician group, your medical record may be part of the asset transfer.
- D. **Other Restrictions** Federal and state laws require special privacy protections for certain highly confidential information about you. This includes: 1) mental health; 2) child, adult abuse, or neglect, including sexual assault; 3) alcohol and substance abuse disorder (SUD); 4) HIV/AIDS; 5) sexually transmitted diseases; 6) biometric information; 7) genetic testing and other genetic-related; 8) minors' information; 9) communicable diseases; and 10) reproductive healthcare.

Generally, we must obtain your written authorization listed in section IV, (D) to release your PHI. However, there are limited circumstances under the law when this information may be released without your consent - for example, certain sexually transmitted diseases must be reported to the Department of Health.

V. YOUR RIGHTS CONCERNING YOUR PRIVATE HEALTH INFORMATION

- A. **Right to Inspect and Copy** You may request to see and receive paper or electronic copies of your medical and billing records. To do so, please submit a written request to the appropriate TSAOG office or online at: <https://www.tsaog.com>. TSAOG may charge you for the copies in accordance with RULE §165.2 Texas guidelines and laws, and your request will be processed within 15 business days of receipt of your request.

We may say "no" to your inspection request if it would affect your healthcare, but we will let you know why in writing.

- B. **Right to Request Restrictions** You may request additional restrictions on TSAOG's use and disclosures of your PHI: 1) for treatment, payment or healthcare operations; 2) to individuals (such as family members, or other persons who helps with your medical care; 3) to your health plan (i.e. third-party insurer or healthcare payor) when the PHI is the result of a healthcare item or service that has been fully paid out of pocket. If you wish to make a request to restrict the use of your PHI, to do so, you must submit a written request online at: <https://www.tsaog.com/for-patients/download-patient-forms/>

We may say "no" to your restriction request, but we will tell you why in writing. Also, if we agree to a restriction, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is needed for purposes of treatment,

- C. **Right to Request Confidential Communication** You may request, and we will accommodate, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results. If additional costs are incurred, those costs will be passed on to you and if your request is denied, TSAOG will inform you in writing.
- D. **Right to Amend Your Records** If you feel that the PHI maintained is incorrect or incomplete, you have the right to request that we amend this information in your records. To do so, you must submit a written request online at: <https://www.tsaog.com/for-patients/download-patient-forms/>. We may say "no" to your request, if we reasonably believe the information is accurate as is in your record, but we will let you know why in writing within 60 days.
- E. **Right to an Accounting of Disclosures** You may request a record of certain disclosures of your PHI and do not

need to be included in this accounting, including the following: those made for treatment, payment, and operations purposes. Your request may cover any disclosures made in the six years prior to the date of your request. Request within a 12-month period will be no charge, greater than a 12-months period TSAOG may charge you according to 45 CFR 164.524(c)(4). To request this list, submit your request in writing online at: <https://www.tsaog.com/for-patients/download-patient-forms/>.

- F. **Right to Receive a Copy this Privacy Notice** You have a right to obtain a paper or electronic copy of this document upon request or online at: <https://www.tsaog.com/>.
- G. **Right to Revoke an Authorization** If you authorized a particular disclosure of your PHI, you may revoke your authorization, except to the extent that we have already used or disclosed. You can request this in writing by contacting the **Director of Operations at 210-804-5400**.
- H. **Right to Receive Notification** You have the right to receive written notification from TSAOG in the event of a breach of unsecured PHI, (i.e., if there is an unauthorized use or disclosure of your PHI) which meets certain criteria under the law.

VI. FOR FURTHER INFORMATION; COMPLAINTS

If you have a question or wish to file a complaint related to the privacy of your healthcare information, please contact The Director of Compliance by telephone at: 210-804-5429; email us at: compliance@tsaog.com; by mail at: TSAOG Orthopaedics & Spine, 19138 US-281 N, San Antonio, TX 78258.

If you wish to remain anonymous, contact the TSAOG Hotline via telephone at: 1-833-513-0891 (Ref# 5281)

Additionally, you may also file a written complaint with the Secretary of Health & Human Services, Region VI Office for Civil Rights, U.S. Department of Health and Human Services, at 1301 Young Street, Suite 1169, Dallas, TX 78502; by telephone at 800-368-1019; or online at: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

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- We reserve the right to revise this Notice from time to time for any reason and make the revised Notice effective for all PHI we maintain and receive in the future. We will post a copy of the revised Notice of Privacy Practices in our office and on our website. You may request a copy of this Notice by contacting the Director of Compliance. See contact information above.

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