



NOTICE OF PRIVACY PRACTICES

Effective February 17, 2010

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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Act gives you the patient, significant new rights to understand and control how your health information is used. HIPAA requires that this explanation be given to every patient.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to sign an acknowledgment form indicating you received this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” (PHI) is any individually, identifiable health information that relates to your past, present, or future physical or mental health condition and related health care services. For example, this includes your name, address, telephone number, e-mail address and other identifiable information.

You have the right to adequate notice of the uses and disclosures of PHI that may be made by Clinics of North Texas, LLP, (CNT), as well as your individual rights and CNT’s legal duties with respect to PHI. This Notice of Privacy Practices outlines how your medical information may be used and disclosed and your access to this information.

We understand that medical and billing information about you and your health is personal and confidential. We are committed to protect your personal health information. This notice applies to all of the records of your care generated by CNT and any records contained within your medical record.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination, diagnosis, test results,

treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment. Your medical record:

- Serves as communication among the many health professionals that contribute to your care.
- Serves as a legal document describing the care you receive.
- Serves as documentation to support charges billed to your insurance company.
- Serves as a tool in educating health professionals as a source of data for medical research.
- Serves as a source of information for public health officials charged with improving the health of the nation.
- Serves as a source of data for facility planning to assess and continually work to improve the care we render and the outcomes we achieve.
- Is the physical property of CNT however, the information belongs to you.

Understanding your medical record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information.

CNT will make every reasonable effort to ensure that the identity of a patient is verified before releasing any PHI. ID may be required if the request is in person. If the request is over the telephone, you may be requested to verify personal identifying data, to ensure your identity, prior to releasing any PHI. We may ask you to confirm the last four digits of your social security number, your address and your date of birth.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of use or disclosure we will explain what we mean and give some examples. 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 within one of the categories.

Treatment

We will use your PHI for treatment. Information obtained by a nurse, physician or other member of our health care team will be recorded in your record and used to determine your course of treatment. This information will be shared with other providers of perhaps different specialties, if needed, in order to complete or determine your course of treatment. For example, if your doctor is treating you for a broken leg, he may share information about you in order to coordinate the different things you may need, such as x-rays, lab work or a prescription. We may also disclose medical information about you to people outside of CNT who may be involved in your continued care, such as family members, nursing service providers or others we use to provide services that are part of your care. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

We will use your PHI so that the treatment and services you receive at CNT may be billed to and payment may be collected from you, an insurance company, a third party or a State or Federal Program for payment. For example, a claim will be submitted to your insurance company, which identifies you, as well as your diagnosis, procedures and any other supplies/services rendered for the purpose of reimbursement by your insurance carrier. 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. Your insurance carrier can request copies of your medical records to determine your eligibility for treatment and reimbursement purposes. We may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may also use your PHI to bill you directly for services and items.

Health Operations

We may use your PHI for regular health operations. These uses and disclosures are necessary to run CNT and make sure that all of our patients receive quality care. For example, we review treatment and services to evaluate the performance of our staff in caring for you. These reviews are performed in an effort to continually improve the quality and effectiveness of the health care services we provide. Members of the CNT medical staff, members of Risk Management or Compliance committees may review your personal health information to assess the care and outcomes in your case and others like it. We may remove information that identifies you from this set of medical information, so others may use it to study health care delivery without learning who the specific patients are.

Appointment Reminders

We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or care at CNT. CNT's policy for appointment reminders is either by automated phone system or a paper reminder sent via the Postal service. If you choose not to have CNT contact you by either method, you must submit a written request to the Compliance Officer, P.O. 501 Midwestern Parkway East, Wichita Falls, TX, 76302. We ask that you provide an alternative method in contacting you.

Treatment Alternatives and Health-Related Benefits and Services

We may use and disclose PHI to tell you about or recommend possible treatment option alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release PHI about you to a friend or family member that you indicate is involved in your care, or the payment for your care, unless you object in whole or in part. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. CNT will release account information regarding balances, billed amounts and services to all parties indicated on the account, unless otherwise directed by your written request.

Parental Access

Texas state laws concerning minors permit and restrict disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with state law and make disclosures following such laws. CNT will only release information regarding a minor to the adults listed on the Account, unless you provide further direction in writing.

Research

We may use and disclose PHI for research purposes when authorized by federal, state or local law. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. An

institutional review board, that has reviewed the research proposal and established protocols to ensure the privacy of your PHI, must approve a research project.

DISCLOSURES REQUIRED BY LAW.

We will use and disclose your PHI when we are required to do so by federal, state or local law. The following categories identify how we may use or disclose your PHI without your expressed written permission:

Public Health Risks. We may disclose your PHI to public health authorities or officials that are authorized by law to collect information for the purpose of:

- a. Maintaining vital records, such as births and deaths
- b. Reporting child abuse or neglect
- c. Preventing or controlling disease, injury or disability
- d. Notifying a person regarding potential exposure to a communicable disease
- e. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- f. Reporting reactions to medication or problems with products or devices, i.e. FDA Department, so if a product or device has been recalled, the individual can be notified.
- g. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- h. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include for example, investigation, inspections, audits, surveys, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits, Disputes and Similar Proceedings. We may disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

We also may disclose your PHI in response to a discovery request, subpoena, court order, or other lawful process by another party involved in the dispute provided that the request meets all of the legal requirements and is valid. If required, we will make an effort to inform you of the request.

Law Enforcement. We may disclose your PHI if asked to do so by law enforcement officials:

- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify or locate a suspect, fugitive, material witness or missing person.
- Concerning a death we believe may be the result of criminal conduct
- Regarding criminal conduct at our offices
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- In certain circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may disclose your PHI to a medical examiner coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

Avert a Serious Threat to Health or Safety We may disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

Military and Veterans If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose PHI to federal officials in order to protect the President, other officials or foreign heads of state or to conduct special investigations.

Patients under Custody of Law Enforcement We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and /or to protect your health and safety or the health and safety of other individuals.

Worker's Compensation We may disclose your PHI for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Organ and Tissue Donors If you are an organ donor, we may disclose your PHI to organizations as necessary to facilitate organ procurement, or tissue donation and transplantation.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

You have the following rights regarding the PHI that we maintain about you:

Right to Request Confidential Communications You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX, 76302.

You must specify the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Right to Request Restrictions You have the right to request a restriction or limitation in our use or disclosure of your PHI for treatment, payment or health care operations.

Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, like a family member or

friend. For example, you could ask that we not use or disclose information about a surgery you had. ***We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.*** In order to request restrictions in our use or disclosure of your PHI, you must make your request in writing to the Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX 76302. Your request must describe in a clear and concise fashion:

- (1) What information you want to limit;
- (2) Whether you are requesting to limit our practice's use or disclosure or both; and
- (3) To whom you want the limits to apply, for example, disclosures to your spouse.

As of February 17, 2010, we will agree to your request to restrict PHI disclosed to a health plan for payment or healthcare operations (ie., non-treatment) purposes if the information pertains solely to health care services for which you have paid in full.

Right to Inspect and Copy. You have the right to inspect and have copied information that is considered part of your medical and billing records that may be used to make decisions about your care. To inspect or have copied medical information, you must submit your request in writing, to the Medical Records Custodian, P.O. Box 97547,

Wichita Falls, TX 76307. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. CNT has the right and responsibility to review your medical records prior to your access.

Therefore, immediate access to your medical record will not be available. We will respond within 15 days of receiving your written request. To guarantee the integrity of the medical chart, CNT will not authorize patients to copy their own medical record. A

CNT employee will make copies. CNT will provide the requested PHI at a convenient place and time for you; however, inspection of your medical chart must be viewed during his normal working hours of CNT. We may deny your request to inspect and copy in certain very limited circumstances, for example:

- PHI was obtained from someone other than a health care provider, under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information
- A licensed health care professional has determined, in his/her professional judgment that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.

As of February 17, 2010, if we maintain an electronic health record containing your PHI, you have the right to request that we send a copy of your PHI in an electronic format to your or a third party that you identify.

Right to Request an Amendment. For as long as your protected health information is kept by or for CNT, you have the right to request a correction if you feel that this information is incorrect or incomplete. To request a correction, your request must be made in writing and submitted to Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX, 76302. You must provide us with a reason that supports your request for an amendment.

We will respond within 60 days of receiving your written request. We may deny your request 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:

- a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b. Is not part of the information kept by or for CNT;
- c. Is not part of the information which you would be permitted to inspect and have copied or
- d. Is accurate and complete.

Any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

Right to a List of Disclosures We Have Made About You. You have the right to request an accounting of the disclosures we made of your PHI except for disclosures made for treatment, payment and health care operations as defined above. We are not obligated to list all disclosures made about you. To request a list of disclosures, you must submit your request in writing to the Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX, 76302. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will notify you of costs involved and you may alter your request before any costs are incurred.

Business Associates

There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests sent to an outside reference lab and a copy service we use when making copies of your medical record. When these services are contracted, we may disclose your PHI to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of our Notice of Privacy Practices at any time. You may print a copy of this notice at our website, www.clinicsofnorthtexas.com. You may obtain a paper copy of this notice at any of the Cashier stations or contact the Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX 76302. We will ask that you acknowledge receipt of this notice in writing.

CHANGES TO THIS NOTICE. We reserve the right to change the terms of this notice and make the revised or changed notice effective for all protected health information we maintain. We will post copies of the current notice in all CNT locations. The effective date of the notice is contained on the first page.

COMPLAINTS. You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Federal Department of Health and Human Services (DHHS).

To file a complaint with the Clinics of North Texas, contact the Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX 76302. All complaints must be submitted in writing.

To file a complaint with the DHHS, you must file in writing (electronic or paper), within 180 days of when you knew, or should have known of the problem.

Send your complaint to:

U.S. Dept of HHS

200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: (202) 619-0257 or Toll Free 1-877-696-6775

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If you wish to remove or change an authorization, your request must be in writing. If you revoke it, we will no longer use or disclose PHI about you for the reasons covered by your written authorization, unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization.

If you have any questions regarding this notice, please contact the Compliance Officer, 501 Midwestern Parkway East, Wichita Falls, TX, 76302 or at (940) 763-7800.