

**HOSPITAL INTERNISTS OF TEXAS
NOTICE OF PRIVACY PRACTICES¹**

PURPOSE:

The Notice of Privacy Practices (NPP) provides patients with notice of their rights regarding PHI. The following is a description of how Hospital Internists of Texas (“HIT”) will provide notice and obtain a patient’s acknowledgement of receipt of the NPP.

POLICY:

Provision of Notice to Electronic Disclosure

1. As required by Section 181.154 of the Health and Safety Code, HIT will provide notice to patients, notifying each patient that his/her PHI is subject to electronic disclosure and obtaining patient authorization before disclosing patient PHI electronically.
2. HIT may provide general notice by:
 - a. Posting a written notice in HIT’s place of business;
 - b. Posting a notice on HIT’s internet website; or
 - c. Posting a notice in any other place where patients whose PHI is subject to electronic disclosure are likely to see the notice.

Provision of NPP

1. In addition to the above notice of electronic disclosure, each patient will be supplied, on paper, an NPP. The NPP will reserve the right for HIT to make revisions to HIT’s privacy practices.
2. The NPP shall be provided to the patient with the Consent to Treatment or on the date of the first service delivery.
 - a. If the first treatment encounter is by telephone, HIT must mail the NPP to the patient on the date of service delivery.
 - b. During an emergency treatment situation, the NPP does not need to be provided until reasonably practicable after the emergency situation.
 - c. The NPP shall be provided upon request to any person, including members of the general public.
3. HIT shall further:
 - a. Post the NPP in a clear and prominent location where it is reasonable to expect patients to be able to read the NPP;
 - b. Make any revised NPP available on HIT’s website, and, upon request, provide the patient a copy of the NPP; and
 - c. If a patient requests a copy of the NPP by e-mail, provide a copy electronically.

¹ 45 C.F.R. §164.520; Texas Health & Safety Code §181.154.

Provisions for Obtaining Written Acknowledgement

1. HIT shall make a good faith effort to obtain a patient's written acknowledgement of receipt of the NPP.
2. HIT may have the patient sign a separate sheet or list indicating that s/he has received a copy of the NPP, or simply initial a cover sheet of the NPP to be retained by HIT.
3. When the first treatment encounter is over the telephone, HIT shall mail the NPP with a tear-off sheet that acknowledges receipt and requests that the acknowledgement be mailed back to HIT.
4. When the initial contact with patient is simply to schedule an appointment, HIT shall provide the NPP when HIT first provides treatment to the patient.
5. In an emergency situation, HIT does not need to provide an NPP until reasonably practicable after the emergency situation.

Acknowledgement Documentation Requirements

1. HIT must document its compliance by retaining copies of any written acknowledgements of receipt of the NPP for at least seven (7) years.
2. If a patient refuses to sign or otherwise fails to provide an acknowledgement, HIT must document its good faith efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained.
3. HIT shall:
 - a. Retain a copy of the original NPP and each revised NPP for seven (7) years;
 - b. Retain a copy of policies and procedures related to the NPP for seven (7) years;
 - c. Include a copy of the signed acknowledgement in each patient's record; and
 - d. Document why the patient refused to sign the acknowledgement in the patient's record, or the fact that patient chose to not provide a reason for refusing to sign acknowledgement.

Practices Related to the NPP

HIT will:

1. Maintain the privacy of a patient's health information;
2. Provide a patient with notice as to HIT's legal duties and privacy; and
3. Abide by the terms of the NPP such as:
 - a. Complying with the proper procedure in response to a patient's request to amend his/her PHI;
 - b. Complying with a patient's right to receive an accounting of disclosures of PHI;
 - c. Notifying patients if unable or unwilling to comply with any request to limit how PHI may be used;
 - d. Accommodating reasonable requests made by patients to provide PHI by alternative means or locations; and
 - e. Not disclosing PHI without a patient's authorization, except as described in the NPP and in conformance with the policy for disclosure.

Complaints

1. Patients may complain to the HIT Privacy Officer and to the Secretary of HHS if they believe their privacy rights have been violated. Complaints must be filed within 180 days of when the patient knew or should have known that the act occurred.

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

2. HIT shall not retaliate against a patient for filing a complaint.

PROCEDURES:

1. The Privacy Officer is responsible for developing the NPP.
2. The NPP will be posted on the HIT website (as applicable).
3. HIT shall distribute the NPP to each patient and obtain written acknowledgement as set forth in policy.
4. HIT shall (i) include a copy of the signed acknowledgement in each patient's record or (ii) document why a patient refused to sign the acknowledgement or the fact that patient chose to not provide a reason for refusing to sign such acknowledgement.
5. The NPP will be reviewed annually with existing employees having access to PHI, and all new employees during their orientation to HIT.
6. A copy of any revisions to the NPP will also be immediately distributed to all employees.
7. The Privacy Officer will keep a copy of the NPP and revisions thereof for a period of seven (7) years from the date of its creation or when it was last in effect, whichever is later.
8. Questions regarding the NPP should be referred to the Privacy Officer.
9. HIT will post a schedule of its cost-based fees for copies and/or summaries of patient medical and billing records.

**HOSPITAL INTERNISTS OF TEXAS
NOTICE OF PRIVACY PRACTICES FORM**

NOTICE OF PRIVACY PRACTICES

Effective Date:_____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY HOSPITAL INTERNISTS OF TEXAS (“HIT”) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about your rights or this Notice,
please contact the Privacy Officer at (512) _____.

A. WHO WILL FOLLOW THIS NOTICE?

- HIT;
- HIT affiliated entities including, but not limited to, Texas APN, LLC, and Care Protocols, LLC (each a “HIT Affiliated Entity”);
- HIT subcontractors; and
- HIT and HIT Affiliated Entities’ subcontractors.

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care from HIT, a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

1. Basis for planning your treatment and services;
2. Means of communication among the physicians and other health care providers involved in your care;
3. Means by which you or a third-party payor can verify that services billed were actually provided;
4. Source of information for public health officials; and
5. Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as “medical information”). It also describes your rights and our obligations regarding the use and disclosure of medical information.

B. OUR RESPONSIBILITIES

HIT and HIT Affiliated Entities are required by law to:

1. Maintain the privacy and security of your medical information;
2. Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Abide by the terms of this notice;

4. Notify you if we are unable to agree to a requested restriction;
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations;
6. Notify you, and the Department of Health & Human Services, Office of Civil Rights, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information. We are required by law to notify you following a breach of unsecured protected health information. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law; and
7. Disclose, upon request, to you or another person named by you an electronic copy of your medical records. Texas law requires, however, that we first obtain your written authorization (under certain circumstances as discussed below) prior to disclosing electronically.

C. THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

1. **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.
2. **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 need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
3. **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run HIT or a HIT Affiliated Entity in an efficient manner and provide 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. In addition, medical records are audited for timely documentation and correct billing.
4. **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, HIT or a HIT Affiliated Entity may provide a written or telephone reminder that your next appointment with HIT is coming up.
5. **Research or Analytics.** Under certain circumstances, we may use and disclose medical information about you for research and analytics purposes. For example, a project may involve comparing the medical outcome of all patients for whom one type of treatment is provided to those for whom another type of treatment is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care. We will also ask for your specific authorization to de-identify (as

that term is defined by HIPAA) and use your information in analytics reports for purposes other than treatment, payment or permissible health care operations.

6. **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
7. **To the Department of Health and Human Services, Office of Civil Rights.** We will share information about you with the Department of Health and Human Services, Office of Civil Rights, if it wants to see that we are complying with federal privacy laws.
8. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
9. **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

D. SPECIAL SITUATIONS

1. **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
2. **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.
3. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
4. **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
5. **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
 - a. To prevent or control disease, injury, or disability;
 - b. To report reactions to medications or problems with products;
 - c. To notify people of recalls of products they may be using;
 - d. 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; and
 - e. To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.
 - f. All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.
6. **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. 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.

7. **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative judge's order.
8. **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - a. In response to a court order or court issued subpoena; or
 - b. If HIT or a HIT Affiliated Entity determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
9. **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). We may also release medical information about patients to funeral directors.
10. **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
11. **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.
12. **Electronic Disclosure.** We may use and disclose your medical information electronically. For example, if another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically. Under Texas law, we are required to obtain your written authorization before we disclose your PHI, except to another covered entity for treatment, payment, and permissible health care operations.

E. DISCLOSURES REQUIRING AUTHORIZATION

1. **Psychotherapy Notes.** Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session – or during a group, joint, or family counseling session. If these notes are maintained by the mental health professional separate from the rest of your medical records, they can only be used and disclosed by the mental health professional without your written authorization for your treatment, as required by law; to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person; to Office of Civil Rights in order to investigate the mental health professional's compliance, or HIT's compliance, with Federal privacy and confidentiality laws and regulations; and to medical examiners and coroners, if necessary, to determine your cause of death.
2. **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. For example, marketing includes communications to you about new treatment protocols or medications if HIT is paid to send the communication to you. 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.
3. **Fundraising.** We do not use and disclose your information for fundraising purposes.

4. Sale of Your Medical Information. HIT will not sell your medical information for marketing purposes. However, there are instances in which HIT will sell your PHI. For example, should HIT merge or the practice be sold to another physician group, your medical record may be part of the asset transfer.

5. Uses and Disclosures Requiring an Opportunity to Agree or Object. HIPAA permits us, in certain circumstances, to disclose your medical information without your authorization (including facility directors, emergency circumstances, and disclosure to relatives). Texas law is stricter. Therefore, we will not disclose your information for these purposes without first obtaining your explicit authorization.

F. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information collected and maintained about you:

1. Right to Inspect and Copy. The right to inspect and receive a copy of medical information that may be used to make decisions about your care. This includes the right to direct us to transmit a copy of your medical information to a designated person or entity of your choice. Usually, this includes medical and billing records. Upon your request, HIT will provide a copy of such records as soon as possible, and within fifteen (15) days of your request.

To inspect and receive a copy of your medical information or to direct us to provide a copy of to the person/entity of your choosing, you must submit your request in writing or electronically to the Privacy Officer for HIT. If you request a copy of the information, HIT may charge a fee for the costs of copying, mailing, or summarizing your records. We will inform you of all fees in advance. You can also ask to see or get an electronic copy of health information we have about you. Please contact our office at (512) 482-0045 with any questions you have on how to request access, receive a copy, or how to direct us to transmit your information to a designated person or entity. On our website (<http://www.hospitalinternists.com>), there is a fee schedule for copies and/or summaries of medical records.

HIT may deny your request to inspect and copy your records in certain 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 HIT will review your request and denial. The person conducting the review will not be the person who denied your request. HIT will comply with the outcome of the review.

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

To request an amendment, your request must be made in writing and submitted to HIT. In addition, you must provide a reason that supports your request.

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

- Was not created by HIT, 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 HIT;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

3. Right to an Accounting of Disclosures. To request 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 you must submit your request in writing to HIT Privacy Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should 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. HIT 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.

4. Right to Request Restrictions. To request a restriction or limitation on the medical information HIT or a HIT Affiliated Entity uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information they disclose about you to someone who is involved in your care or the payment for your care.

Neither HIT nor a HIT Affiliated Entity is required to agree to your request, unless the request pertains solely to a health care item or service for which HIT has been paid out of pocket in full and: (i) the restriction pertains to payment or a health care operation and (ii) the disclosure is not otherwise required by law. Should HIT or a HIT Affiliated Entity agree to your request, HIT or the HIT Affiliated Entity will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to HIT or the HIT Affiliated Entity. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit their use and/or disclosure; and (3) to whom you want the limits to apply.

5. Right to Request Confidential Communications. To request that HIT or a HIT Affiliated Entity communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that HIT or a HIT Affiliated Entity contact you only at work or by mail.

To request that HIT or a HIT Affiliated Entity communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. HIT and the HIT Affiliated Entity will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. Right to Revoke an Authorization. There are certain types of uses or disclosures that require your express authorization. For example, HIT or a HIT Affiliated Entity may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your medical information, you may revoke such authorization in writing by contacting HIT Privacy Officer, HIT, 7000 N. Mopac Expy., Suite 420 Austin, Texas 78731. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization.

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

G. CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all medical information 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.

H. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HIT or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with HIT, contact the Privacy Officer at (512) 827-0045. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. 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*

All complaints should be submitted in writing. ***You will NOT be penalized for filing a complaint.***