

# San Antonio Digestive Disease Consultants

## NOTICE OF PRIVACY PRACTICE

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

### **San Antonio Digestive Disease Consultants Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We will abide by the terms of this notice.

### **Uses and Disclosures**

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. NOTE: If you pay out-of-pocket in full for the care or service provided, you have the right to ask us to restrict the disclosure of that information to your health plan.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management of San Antonio Digestive Disease Consultants. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Individuals involved in your care or payment for your care: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health 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.

Research: When a research and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes.

Law enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures that require your authorization: Disclosure of your health information or its use for any purpose other than those allowed or required by law requires your specific written authorization. Examples of these would be psychotherapy notes, marketing or fundraising activities. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Additional Uses of Information**

Appointment reminders and testing results: Your health information will be used by our staff to send you appointment reminders. We may also contact you to provide results from exams or tests and to provide information that describes or recommends treatments for your care.

Business Consultants: There are some services provided in our organization through contacts with business Consultants. Examples are billing or copying services, etc. We may disclose your health information 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 health information, however, we require the business associate to appropriately safeguard your information.

Information about treatments: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

## **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- ❑ **The right to receive a printed copy of this notice**
- ❑ **The right to inspect and copy your protected health information**  
This means that you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper and electronic copies as established by professional, state or federal guidelines.
- ❑ **The right to request restrictions on the use and disclosure of your protected health information**  
This means you may ask us in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstance when the information is needed for your treatment. In certain cases, we may deny your request for restriction. You have the right to request in writing, that we restrict communication to your health plan regarding a specific treatment or service that you or someone on your behalf, has paid in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.
- ❑ **The right to receive request and alternative means of confidential communications concerning your medical condition and treatment**  
This means that you have the right to ask us to contact you about medical matters using an alternative method and to a alternative destination (i.e., cell phone number or alternative address, etc.) designated by you. You must inform us in writing, using the form provided by our practice. We will follow all reasonable requests.
- ❑ **The right to amend or submit corrections to your protected health information**  
This means that if you believe that the information in your health record is incorrect or that information is missing, you have the right to request that we correct the records. Your request must be in writing and include the reason you are requesting the change. In certain cases we may deny your request.
- ❑ **The right to receive an accounting of how and to whom your protected health information has been disclosed to entities or persons for reasons other than treatment, payment or healthcare operations**
- ❑ **The right to receive notification following a breach of unsecured protected health information**

**Right to Revise Privacy Practices** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting The Privacy Officer at the address below. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **Contact Person**

If you would like to submit a comment, concern or complaint about our privacy practices, you can do so by sending a letter or contacting the Privacy Officer with your concerns to:

Privacy Officer  
San Antonio Digestive Disease Consultants  
1804 NE Loop 410, Suite 101  
San Antonio, Texas, 78217  
210-828-8400

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

**Revised Effective Date : June 30, 2013**

# San Antonio Digestive Disease Consultants

## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have reviewed San Antonio  
Patient Name  
Digestive Disease Consultants Notice of Privacy Practice, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\*\*\*\*\*

San Antonio Digestive Disease Consultants was unable to obtain acknowledgement because:

- Emergency
- Patient Non-Responsive
- Patient Sedated
- Patient Confused/Disoriented
- Patient Refused - Reason \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date