

Notice of Privacy Practices

This Notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. It is effective as of the date shown at the bottom of each page. Please review it carefully. This Notice applies to Melecia Fuentes, MD PA, including its providers and employees.

SECTION 1.1

Our Obligations

Melecia Fuentes, MD PA is required by law to

- Maintain the privacy of your PHI, to the extent required by state and federal law;
- Give you this Notice explaining our legal duties and privacy practices with respect to PHI about you;
- Notify affected individuals following a breach of unsecured PHI under federal law; and
- Follow the terms of the version of this Notice that is currently in effect.

SECTION 1.2

How We May Use and Disclose PHI About You

The following categories describe different ways we typically use and disclose PHI. The examples provided serve only as guidance and do not include every possible use or disclosure. Please understand that for these categories, the law generally does not require us to get your authorization in order for us to use or disclose your PHI.

1.2.1 For Treatment We will use and disclose your PHI to provide, coordinate, or manage your health care and any related service. We may disclose PHI about you to physicians, nurses, other health care providers and personnel who are providing or involved in providing health care to you (both within and outside of Melecia Fuentes, MD PA). For example, should your care require referral to or treatment by another physician of a specialty outside of Melecia Fuentes, MD PA we may provide that physician with your PHI in order to aid the physician in his or her treatment of you.

1.2.2 For Payment We will use and disclose PHI 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. This may also include the disclosure of PHI to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may need to disclose your PHI to a health plan in order for the health plan to pay for the services rendered to you. *If, however, you pay for an item or service in full, out of pocket and request that we not disclose to your health plan the PHI solely relating to that item or service, as described more fully in Section 1.4 of this Notice, we will follow that restriction on disclosure unless otherwise required by law.*

1.2.3 For Health Care Operations We may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to run Melecia Fuentes, MD PA in an efficient manner and promote quality care. For example, we may need to use or disclose your PHI in order to assess the quality of care you receive or to conduct certain cost management, business management, administrative, or quality improvement activities or to provide information to our insurance carriers.

1.2.4 Quality Assurance We may need to use or disclose your PHI for our internal processes to assess and facilitate the provision of quality care to our patients.

1.2.5 Utilization Review We may need to use or disclose your PHI to perform a review of the services we provide in order to evaluate whether the appropriate level of services is received, depending on condition and diagnosis.

1.2.6 Credentialing and Peer Review We may need to use or disclose your PHI in order for us to review the credentials, qualifications and actions of our health care providers.

1.2.7 Treatment Alternatives We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

1.2.8 Appointment Reminders and Health Related Benefits and Services We may use and disclose PHI in order to contact you (including, for example, contacting you by phone and leaving a message) to provide appointment reminders and information. We may use and disclose PHI to tell you about health-related benefits or services that we believe may be of interest to you. For example, Melecia Fuentes, MD PA may remind you that a vaccination is available or that you can come in for a wellness visit. At present, we provide notices by phone and mail only.

1.2.9 Business Associates There are some services (such as billing or legal services) that may be provided to or on behalf of Melecia Fuentes, MD PA through contracts with business associates. When these services are contracted, we may disclose your PHI to our

business associate so that they can perform the job we have asked them to do. However, we require the business associate to appropriately safeguard your information.

1.2.10 Individuals Involved in Your Care or Payment for Your Care We may disclose PHI about you to a friend or family member who is involved in your health care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

1.2.11 As Required by Law We will disclose PHI about you when required to do so by federal, state, or local law or regulations.

1.2.12 To Avert a Serious Threat to Health or Safety We may use and disclose PHI 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. Such disclosure would only be to medical or law enforcement personnel.

1.2.13 Research We may use or disclose your PHI for research purposes in certain situations. Texas law permits us to disclose your PHI without your written authorization to qualified personnel for research, but the personnel may not directly or indirectly identify a patient in any report of the research or otherwise disclose identity in any manner. Additionally, a special approval process will be used for research purposes, when required by state or federal law. For example, we may use or disclose your information to an Institutional Review Board or other authorized privacy board to obtain a waiver of authorization under HIPAA. Additionally, we may use or disclose your PHI for research purposes if your authorization has been obtained when required by law, or if the information we provide to researchers is “de-identified.”

1.2.14 Military and Veterans If you are a member of the armed forces, we may use and disclose PHI about you as required by the appropriate military authorities.

1.2.15 Workers' Compensation We may disclose PHI about you for your workers' compensation or similar program. These programs provide benefits for work-related injuries. For example, if you have injuries that resulted from your employment, workers compensation insurance or a state workers compensation program may be responsible for payment for your care, in which case we might be required to provide information to the insurer or program.

1.2.16 Sale of Practice We may use and disclose PHI about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

1.2.17 Organ and Tissue Donation If you have formally indicated your desire to be an organ donor, we may release PHI to organizations that handle procurement of organ, eye, or tissue transplantations.

1.2.18 Public Health Risks We may disclose PHI about you to public health authorities for public health activities. As a general rule, we are required by law to disclose certain types of information to public health authorities, such as the Texas Department of State Health Services. The types of information generally include information used

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report suspected child abuse or neglect;
- To report reactions to medications or problems with medical devices and supplies;
- To notify people of recalls of products they may be using;
- 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
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To provide information about certain medical devices.
- To assist in public health investigations, surveillance, or interventions.

1.2.19 Health Oversight Activities We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, and licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain government benefit programs, certain entities subject to government regulations which relate to health information and compliance with civil rights and criminal laws.

1.2.20 Legal Matters If you are involved in a lawsuit or legal dispute, we may disclose PHI about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your PHI, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

1.2.21 Law Enforcement, National Security and Intelligence Activities We may release PHI if asked to do so by law enforcement officials, or if we are required by law to do so;

- We may disclose your PHI to law enforcement personnel if necessary to prevent or decrease a serious and imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person.
- We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

1.2.22 Coroners, Medical Examiners and Funeral Directors We may release PHI 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 PHI about patients to funeral directors.

1.2.23 Inmates If your are an inmate of a correctional facility, we may release PHI about you to the health care personnel of a correctional institution as necessary for the facility to provide you health care treatment.

1.2.24 Marketing or Related Health Services We may use or disclose your PHI to send you treatment or healthcare operations communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in exchange for making the communication only with your specific authorization unless the communication:

1. is made face-to-face by Melecia Fuentes, MD PA to you,
2. consists of a promotional gift of nominal value provided by the Melecia Fuentes, MD PA, or
3. is otherwise permitted by law.

If the marketing communication involves financial remuneration and an authorization is required, the authorization must state that such remuneration is involved. Additionally, if we use or disclose information to send a written marketing communication (as defined by Texas law) through the mail, the communication must be sent in an envelope showing only the name and addresses of sender and recipient and must

1. state the name and toll-free number of the entity sending the market communication; and
2. explain the recipients right to have the recipients name removed from the senders mailing list.

1.2.25 Fundraising We may use or disclose certain limited amounts of your PHI to send you fundraising materials. You have a right to opt out of receiving such fundraising communications. Any such fundraising materials sent to you will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future.

1.2.26 Electronic Disclosures of PHI Under Texas law, we are required to provide notice to you if your PHI is subject to electronic disclosure.

This Notice serves as general notice that we may disclose your PHI electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.

SECTION 1.3

Other Uses of PHI

1.3.1 Authorizations There are times we may need or want to use or disclose your PHI for reasons other than those listed above, but to do so we will need your prior authorization. Other than expressly provided herein, any other uses or disclosures of your PHI will require your specific written authorization.

1.3.2 Psychotherapy Notes, Marketing and Sale of PHI Most uses and disclosures of "psychotherapy notes," uses and disclosures of PHI for marketing purposes, and disclosures that constitute a "sale of PHI" under HIPAA require your authorization.

1.3.3 Right to Revoke Authorization If you provide us with written authorization to use or disclose your PHI for such other purposes, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made in reliance upon your authorization, and that we are required to retain our records of the care that we provided to you.

SECTION 1.4

Your Rights Regarding PHI about You

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

1.4.1 Right to Inspect and Copy Under most circumstances, you have the right to inspect and/or copy your PHI that we have in our possession, which generally includes your medical and billing records. To inspect or copy your PHI, you must submit your

request to do so in writing to the Melecia Fuentes, MD PAs HIPAA Officer at the address listed in Section 1.6 below.

If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or certain supplies associated with your request. The fee we may charge will be the amount allowed by state law.

If your requested PHI is maintained in an electronic format (e.g., as part of an electronic medical record, electronic billing record, or other group of records maintained by the Practice that is used to make decisions about you) and you request an electronic copy of this information, then we will provide you with the requested PHI in the electronic form and format requested, if it is readily producible in that form and format. If it is not readily producible in the requested electronic form and format, we will provide access in a readable electronic form and format as agreed to by the Practice and you.

In certain very limited circumstances allowed by law, we may deny your request to review or copy your PHI. We will give you any such denial in writing. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

1.4.2 Right to Amend If you feel that PHI maintained about you is incorrect or incomplete, you may ask Melecia Fuentes, MD PA to amend the information. You have the right to request an amendment for as long as the information is kept by Melecia Fuentes, MD PA.

To request an amendment, your request must be made in writing and submitted to Melecia Fuentes, MD PA. Your request must provide a reason that supports your request. Melecia Fuentes, MD PA will respond in writing.

Melecia Fuentes, MD PA 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, Melecia Fuentes, MD PA may deny your request if you ask us to amend information that

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

1.4.3 Right to an Accounting of Disclosures You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made for up to six years prior to the date of your request of your PHI, but does not include disclosures for Treatment, Payment, or Health Care Operations (as described in Sections 1.2.1, 1.2.2, and 1.2.3 of this Notice) or disclosures made pursuant to your specific authorization (as described in Section 1.3 of this Notice), or certain other disclosures.

If we make disclosures through an electronic health records (EHR) system, you may have an additional right to an accounting of disclosures for Treatment, Payment, and Health Care Operations. Please contact the Melecia Fuentes, MD PAs HIPAA Officer at the address set forth in Section 1.6 below for more information regarding whether we have implemented an EHR and the effective date, if any, of any additional right to an accounting of disclosures made through an EHR for the purposes of Treatment, Payment, or Health Care Operations.

To request a list of accounting, you must submit your request in writing to the Practices HIPAA Officer at the address set forth in Section 1.6 below.

Your request must state a time period, which may not be longer than six years (or longer than three years for Treatment, Payment, and Health Care Operations disclosures made through an EHR, if applicable) and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list. We 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.

1.4.4 Right to Request Restrictions You have the right to request a restriction or limitation on the PHI Melecia Fuentes, MD PA uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI Melecia Fuentes, MD PA discloses about you to someone who is involved in your care or the payment for your care.

Melecia Fuentes, MD PA is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which Melecia Fuentes, MD PA has been paid out of pocket in full. Should Melecia Fuentes, MD PA agree to your request, Melecia Fuentes, MD PA 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 Melecia Fuentes, MD PA. In your request, you may indicate

1. what information you want to limit;
2. whether you want to limit Melecia Fuentes, MD PAs use and/or disclosure; and
3. to whom you want the limits to apply.

1.4.5 Right to Request Confidential Communications You have the right to request that Melecia Fuentes, MD PA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Melecia Fuentes, MD PA contact you only at work or by mail.

To request that Melecia Fuentes, MD PA 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. Melecia Fuentes, MD PA will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

SECTION 1.5

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.

SECTION 1.6

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Melecia Fuentes, MD PA at the following:

Melecia Fuentes, MD PA
Attn: HIPAA Officer
1315 E. 6th St., STE 12,
Weslaco, TX 78596
956-447-8377

You will NOT be penalized for filing a complaint.

SECTION 1.7**Acknowledgement and Requested Restrictions**

By signing below, you acknowledge that you have received this *Notice of Privacy Practices* prior to any service being provided to you by Melecia Fuentes, MD PA, and you consent to the use and disclosure of your PHI as set forth herein except as expressly stated below.

"I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:"

Patient Name (printed)

Date of Birth**Signatures**

Patient/Legal Representative: _____ Date: _____

If Representative, Name and relationship to patient: _____

Witness (optional): _____ Date: _____

Version History**Current**

Version 2.1: 9/12/2013

Previous

Version 2.0: 8/24/2012

Version 1.0: 2/1/2005

Effective Date: 9/12/2013

Melecia Fuentes, MD PA