



## SOUTHWEST BARIATRIC SURGEONS, PLLC

### NOTICE OF PRIVACY PRACTICES

**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.**

**Original Effective Date: September 23, 2013**

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long, however, the HIPAA Privacy Rule requires us to address many specific things in this Notice.

#### **OUR COMMITMENT TO PROTECTING YOUR HEALTH INFORMATION**

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by applicable law, rules and regulations. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all personal and health information that we maintain, including all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Officer.

**You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.**

#### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following categories describe the different ways that SOUTHWEST BARIATRIC SURGEONS may use and disclose your PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

**Treatment:** We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an X-ray, or other health care services. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about you to a physician that we refer you to so that the other physician may treat you. In emergencies, we may use and disclose PHI to provide the treatment you need.

**Payment:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We

may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

***Health Care Operations:*** We may use and disclose your PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Providing training programs for health care providers, non-health care professionals, employees and students to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty.
- Cooperating with various people who review our activities. Your PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations.
- Resolving grievances within our practice.
- Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information that is not identifiable to any individual, and disclosing PHI to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
- Creating a "limited data set" of information that does not contain information directly identifying a patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is the joint care provided by a hospital and the physicians who see patients at the hospital.

***Communications from Our Office:*** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **OTHER PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

***Individuals Involved in Your Care or Payment for Your Care:*** We may use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for your care. We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

**Required By Law:** We must use and disclose your PHI as required by federal, state, or local law.

**Public Health and Safety Activities:** We may use and disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**Lawsuits and Other Legal Proceedings:** We may use or disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement:** Under certain conditions, we may disclose limited information to law enforcement officials concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution.

**Medical Examiners, Coroners or Funeral Directors:** We may disclose your PHI to a medical examiner, coroner or funeral director to aid in identifying you or to assist them in performing their duties.

**Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your PHI to organizations for procurement, banking or transplantation of organs, eyes or tissue.

**Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

**Specialized Government Functions:** Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President of the United States and others

**Workers' Compensation:** We may disclose your PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

**Other Uses and Disclosures:** The HIPAA Privacy Rule requires that we advise you that:

- use and disclosure of psychotherapy notes may only be made upon patient authorization (with limited exceptions);
- use of your PHI for marketing purposes may only be made upon patient authorization (with limited exceptions); and
- sale of your PHI may only be made upon patient authorization.

We do not use or disclose psychotherapy notes and will not use your PHI for marketing purposes or sell your PHI.

All other uses and disclosures of PHI about you that are not described in this notice will only be made with your written authorization (or as otherwise permitted or required by law). If you have authorized us to use or disclose PHI about you, you may later revoke your authorization in writing at any time, except to the extent we have taken action based on the authorization.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Under federal law, you have the following rights regarding your PHI:

**Restriction Requests:** If you paid out-of-pocket (in other words, if you requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and we will honor that request. You also have the right to request that we place additional restrictions on our use or disclosure of your PHI. *We are not required to agree to such a request.* If we do agree to your request, we are required to comply with our agreement (except in a need for your emergency treatment). You may submit this request in writing by obtaining a form from SOUTHWEST BARIATRIC SURGEONS using the contact information listed at the end of this Notice.

**Confidential Communications:** You have the right to request that we communicate with you in confidence regarding your PHI by alternate means or location. Your request must be made in writing and must specify how or where we are to contact you. We are required to accommodate only *reasonable* requests.

**Access:** You have the right to review or obtain copies of your PHI, with certain exceptions. Your request must be made in writing to our Privacy Officer using the contact information listed at the end of this notice. We will respond to your request within thirty (30) days. We may charge you a reasonable cost-based fee for the costs of copying, postage, labor, and supplies used in meeting your request, unless you need the information for a claim for benefits under the Social Security Act or another state or federal needs-based benefit program. We may deny your request under certain circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request and we will comply with the outcome of the review.

**Access to Electronic Records:** If your PHI is maintained in an electronic medical record, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. Your request must be made in writing to our Privacy Officer. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or, if you do not want this format, a readable hard copy form. We may charge you a reasonable cost-based fee for the cost of copying, postage, labor and supplies used in meeting your request.

**Electronic Disclosure of PHI:** Your PHI may be stored and disclosed electronically. Except for disclosures to another covered entity for purposes of treatment, payment, health care operations or as otherwise authorized or required by law, we will not disclose your protected health information without an authorization from you for each disclosure.

**Amendments:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. Your request must be in writing and it must explain why the information should be amended. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request. You may submit your request in writing to our Privacy Officer using the contact information listed at the end of this notice.

**Accounting:** You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer using the contact information listed at the end of this Notice. The first list that you request in a 12-month period will be free, but we may charge you a reasonable fee for responding to these additional requests in the same 12-month period.

**Right to Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.

***This Notice:*** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer using the contact information listed at the end of the Notice. This Notice is also available on our website: [www.southwestbariatric.com](http://www.southwestbariatric.com) under Forms & Instructions.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer in writing using the contact information listed below. We will not retaliate or take action against you for filing a complaint with us or with the U.S. Department of Health and Human Services.

#### **QUESTIONS**

If you want more information regarding our privacy practices, have questions or concerns regarding your privacy rights or have any questions about this Notice, please contact our Privacy Officer at the address and telephone number listed below.

#### **PRIVACY OFFICER CONTACT INFORMATION**

You may contact our Privacy Officer at the following address and phone number:

Privacy Officer  
SOUTHWEST BARIATRIC SURGEONS, PLLC  
3705 Medical Parkway, Suite 210  
Austin, TX 78705  
(512) 334-1885

This Notice is effective as of September 23, 2013.