

Calallen Medical Clinic

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HIPAA Omnibus Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Who must follow this notice?

This Notice of Privacy Practices (this “Notice”) must be followed by all doctors, nurses, administrators, employees, and other staff of the Calallen Medical Clinic (the “Practice”). This Notice applies to every patient’s personal medical information or protected health information (“PHI”), with respect to the Practice. “PHI” or “protected health information” is a term used to describe your personal medical information, and includes any information, whether oral, written, or recorded, in electronic form, that is created or received by us as a health care provider that identifies you individually and relates to your past, present, or future physical or mental health condition, treatment, payment, and related services concerning your health care.

B. What is the purpose of this Notice?

This Notice is NOT an authorization. This Notice describes how the Practice, our Business Associates, and their subcontractors, as applicable, may use and disclose your PHI to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. The Practice has developed policies and procedures, and taken other steps to help keep your PHI confidential, as required by law.

C. Our Responsibilities

The Practice is required by law to:

- Maintain the privacy and security of your PHI, in accordance with applicable laws and regulations.
- Notify you promptly in the event of a breach that may have compromised the privacy or security of your PHI.
- Provide you with this Notice and follow the duties and privacy practices described herein.
- Not use or share your PHI except as described herein, except as authorized by you in writing or permitted by applicable laws and regulations. If you authorize us to disclose your PHI, then you may change your mind by advising us in writing at any time. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

If you have any questions in reference to this form, please ask to speak with our HIPAA Privacy/Compliance Officer in person or by phone at the number listed on the last page of this Notice.

D. Changes to the Terms of this Notice

The Practice reserves the right to change the terms of this Notice, and such changes will apply to all PHI that we have concerning you. The Practice will make copies of the revised Notice available to you, upon request, and will follow the terms of any revised Notice as long as it is in effect. The Practice’s current Notice (and any new Notice) is available on our website and in certain locations or sites in our office.

E. Our Uses and Disclosures

This Notice applies to PHI created, maintained, used, or disclosed in records related to your care and services that you receive at the Practice, whether created or received by us or your physician. The Practice maintains your PHI in records that are kept confidential, as required by law. However, we must use and disclose your PHI to the extent necessary to provide you with quality health care. To do this, the Practice may share your PHI with others, as appropriate, for treatment, payment, and health care operations.

How do we typically use or share your PHI?

We may use and disclose your PHI in the following situations and in the following ways:

Electronic Use and Disclosure - We create, receive, maintain, and, in some instances, disclose your PHI in electronic format. We will secure your authorization prior to electronically disclosing PHI for any reason other than for treatment, payment, health care operations, or as otherwise authorized or required by law.

Treatment - We may use or disclose your PHI to provide you with medical treatment or services or to share your PHI with other professionals who are treating you in order to manage and coordinate your medical care. For example, we may share your PHI with other physicians and health care providers, DME vendors, surgery centers, hospitals, rehabilitation therapists, home health providers, laboratories, nurse case managers, worker's compensation adjusters, etc. to ensure that the medical provider has the necessary medical information to diagnose and provide treatment to you. We may contact you to provide appointment reminders by phone, email, text message, or mail. We may also contact you with information about treatment alternatives or other health-related benefits or services that we believe may be of interest to you.

Run our organization - We may use and disclose your PHI to run our Practice, improve your care, and contact you when necessary. For example, we may use your PHI to manage your treatment and services.

Payment - Your PHI will be used to obtain payment for your health care services. The Practice may use and disclose your PHI as requested by your health plan(s), insurer, or other third party payor or administrator, or other entities to bill and receive payment for services to be rendered or already rendered to you. For example, we may disclose your PHI and treatment plan to your health plan in order to obtain prior approval for certain health care services or to determine whether your health plan or other party will cover the treatment. If you do not object, we may also disclose your PHI to family members, other relatives, personal friends, or others to whom you have indicated are involved in your care when the PHI is directly relevant to that person's involvement in obtaining payment for your care.

Health Care Operations - We may use and disclose your PHI to manage, operate, and support the business activities of our practice. These activities include, but are not limited to:

- Quality Assessment, Quality Improvement and Review of Resources and Staff
- Case Management and Care Coordination
- Licensing
- Risk Management, Legal Services, Compliance, and Audit Functions
- Patient Satisfaction and Internal Data Analysis
- Conducting and arranging other business activities of the Practice
- Change in Ownership of Practice

We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Business Associates - We may use and disclose your PHI to certain other persons or entities with whom we do business to provide certain services on our behalf, as permitted by law (our "Business Associates"). We require that Business Associates agree in writing to appropriately safeguard your PHI, to the extent required by law. If, for any reason, there is an unsecured breach of your PHI, then we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your PHI may be disclosed as a part of the breach notification and reporting process.

Notification Purposes, and to Individuals involved in your care - Unless an opportunity to agree or object cannot practicably be provided, we may use and/or disclose your PHI for notification purposes and to individuals involved in your care, including, without limitation, to a public or private entity authorized by law (e.g., the American Red Cross), for the purposes of coordinating with such public or private entity to assist in disaster relief efforts related to you, to family members, person friends, or others you have indicated are participating in your health care when the PHI is directly relevant to that person's involvement in your care, and—provided you do not object beforehand, to notify a family member, a person representative, or other person responsible for your care about your location, general condition, or death.

How else can we use or share your PHI?

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet certain legal conditions before we can share your PHI for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example:

Public health and safety issues/Health oversight activities

We can share PHI about you to certain agencies or other bodies in certain situations, including, without limitation:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research - We can use or share your PHI for health research.

Comply with the law - We may share information about you, including PHI, if required to under international, federal, state and/or local laws, including compliance with with the Department of Health and Human Services if it requests evidence of our compliance with federal privacy law.

Minors - PHI of minors may be disclosed to parents or legal guardians, unless otherwise prohibited by law.

Respond to organ and tissue donation requests - We may share your PHI with organ procurement organizations.

Work with a medical examiner or funeral director - We may share your PHI with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests- We may use or share your PHI:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official (including, without limitation, identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena)
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions - We may share your PHI in response to a court or administrative order, or in response to a subpoena, request for discovery, lawsuit, or other legal process.

F. Your Rights Regarding Your PHI

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Inspect and get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other PHI we have about you. Ask us how to do this and rules applicable to same.

- You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record.
- You also have the option to request an explanation of the PHI when you request your entire record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

You have the right to receive a notice of breach: In the event of a breach of your unsecured PHI, you have the right to be notified of such breach.

Ask us to correct your medical record

- You can ask us to correct your PHI that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Please ask us how to do this. We will agree to all reasonable requests.

Ask us to limit what PHI we use or share

- You may ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.

You have a right to receive an accounting of certain disclosures of PHI

- You can ask for a list of the times the Practice has shared certain of your PHI, who we shared it with, and why.
- The Practice will include all disclosures made except for those about treatment, payment, and health care operations, disclosures required by law, and certain other disclosures (such as any you asked us to make). We will provide you one accounting per year at our applicable and reasonable, cost-based fee.

Get a copy of this privacy notice - You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If at any time you believe that your privacy rights have been violated and you would like to register a complaint, you may do so with us or with the Secretary of the United States Department of Health and Human Services.
- If you wish to file a complaint with us, please submit it in writing to our Privacy Officer to the address listed on the first page of this Notice or at the e-mail address set forth on the last page of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, visiting <http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>, or sending a letter to:
Secretary of the US – Department of Health and Human Services
200 Independence Ave S.W.
Washington, D.C. 20201
- We will not retaliate against you for filing a complaint.

Your Choices

For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your PHI in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share PHI with your family, close friends, or others involved in your care
- Share PHI in a disaster relief situation
- Include your PHI in a facility directory, as applicable

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your PHI unless you give us written permission:

- Marketing purposes
 - Sale of your PHI
 - In most circumstances, sharing of psychotherapy notes (except as may be necessary and authorized by law to for your continued treatment, training of medical students and staff, to defend ourselves during litigation, if the law requires such disclosure, health oversight activities regarding your psychotherapist, to avert a serious or imminent threat to yourself or others, and to the coroner or medical examiner in the event of your death.)
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