

**EAR INSTITUTE OF TEXAS
VOICE & SWALLOW INSTITUTE OF TEXAS
HEARING INSTITUTE OF TEXAS**

Privacy Policy

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

If you have any questions, please contact the Office Manager at (210) 696-4327.

- I. Our Pledge Regarding Medical Information** We understand that medical information about you and your health is personal, and we are committed to protecting it. A record of the care and services you receive at the clinic is created and maintained at this location. This notice applies to all of those records of your care.
- II. We are required by law to:**
- Make sure any medical information that identifies you is kept private.
 - Provide you this notice of our legal duties and privacy practices regarding your medical information.
 - Follow the terms of the notice that is currently in effect. We may change our privacy practices and the terms of our notice at any time. You may obtain a copy of this notice by calling our office at (210) 696-4327 and requesting that a copy be sent to you in the mail, or via email, or by asking for one at the time of your next visit.
- III. Purpose of This Privacy Notice** This notice of privacy practices describes how we may use and disclose your protected health information ("PHI") to carry out treatment, initiate payment, or conduct health care operations and for other purposes that are permitted or required by law. The notice describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.
- IV. Who Will Follow This Notice** Your record may be accessed by any health care professional authorized to enter information into your medical record in our clinic; and, by all staff in the clinic with a legitimate need to access your record.
- V. How We May Use And Disclose Medical Information About You** The following categories describe ways that we use and disclose your medical information. Examples of each category are included. Not every use or disclosure in

each category is listed; however, all of the ways we are permitted to use and disclose information fall into one of these categories:

- For Treatment: We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to physicians or health care providers who are or will be involved in taking care of you. We may also disclose your medical information to your primary care provider for continued care purposes. We may access, use and disclose protected health information for treatment and care coordination purposes, only via electronic queries and exchanges.
- For Payment: We may use and disclose medical information about you so that the treatment and services you receive at our clinic may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval and to determine whether your plan will cover the treatment.
- For Clinic Operations: We may call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment/procedure/test.
- Business Associates: We may share your protected health information with third party "business associates" that perform various activities for our clinic. Whenever an arrangement between our clinic and a business associate involves the use or disclosure of your protected health information, we will have a written contract that will keep confidential your protected health information.

VI. Uses and Disclosures of PHI Based Upon Your Written Authorization Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the clinic or any entity covered by the authorization has taken an action in reliance on the use or disclosure indicated in the authorization.

VII. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunities to Object

We may use or disclose your protected health information in some circumstances without your consent or authorization as permitted by law. We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. These may include but may not be limited to Public Health, Communicable Diseases, Health Oversight, Abuse or Neglect, Legal Proceedings, Law Enforcement, Workers' Compensation.

VIII. Your Rights

You have the right to access your protected health information. This means you may obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your provider and the clinic use for making decisions about you. You will be assessed a fee for a copy of this record, prior to the records being released.

Under federal law, however, you will not have access the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our office manager if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or clinic operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. However, if you restrict access to any payor, you will be classified as a private pay patient and will be required to pay all charges in full prior to the appointment.

We will consider your request, but we are not required to abide by it. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is required by law or needed to provide emergency treatment. You may request a restriction by contacting and discussing the issue with the office manager and placing the request in writing.

IX. Complaints

You may complain to the office manager or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our office manager of your complaint in writing. We will not retaliate against you for filing a complaint.