

**URGENT AND FAMILY CARE**  
**NOTICE OF PRIVACY PRACTICES**

**PURPOSE:**

***THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.***

**OUR COMMITMENT TO YOUR PRIVACY**

Urgent and Family Care is dedicated to maintaining the privacy of your Health Information. This Notice of Privacy Practices describes how we may use and disclose your protected health information 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 Protected Health Information (PHI) which is about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We will not use or disclose your health information without your authorization, except as described in this notice.

Urgent and Family Care is required by law to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you in writing at the address in your medical record if we learn of a breach of your medical information.
- Make sure that your medical information that identifies you is kept private and secure.
- Provide you with a revised notice by mail or on your next visit upon your request.
- Receive confidential communications of PHI if a request is submitted to Urgent and Family Care in writing.

**UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit Urgent and Family Care, a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format usually contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- billing and verification of services provided to you
- a tool in educating health professionals
- conducting other routine healthcare operations such as quality improvement studies

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)**

**TREATMENT:** Information obtained from you by a physician, or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition(s). Following your treatment, this information may be provided to other healthcare professionals who may be involved in your care, such as other physicians, specialists, physical therapists, hospital based providers and/or other healthcare providers.

**PAYMENT:** Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services we provided to you. For example we will send the necessary information to your health insurance company to obtain payment for the services provided.

**HEALTHCARE OPERATIONS:** We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff caring for you. We may use a sign-in-sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to begin your treatment.

**BUSINESS ASSOCIATES:** We will share your protected health information with business associates that perform various activities on our behalf. Example of a Business Associate includes billing services so that they can perform the job we have asked them to do. When a business arrangement of this type requires the use of your information, we will have a written contract with the third party to protect the privacy of your protected health information.

**REMINDERS/TREATMENT:** We may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, Urgent and Family Care may contact you (or instruct a specialist, physician or other provider to whom you have been referred to contact you) to schedule an appointment, to check on the status of your treatment or to provide you with information on treatments you are already receiving.

**OTHERS INVOLVED IN YOUR HEALTH CARE:** Urgent and Family Care may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health, and funeral directors. In addition, Urgent and Family Care may disclose your PHI through other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration, organ procurement organizations, in cases of abuse or neglect, communicable diseases, correctional institutions where applicable, and to comply with workers compensation laws.

**EMERGENCIES:** In the event of your incapacity or in emergency circumstances, we may use or disclose your protected health information to treat you.

**EMPLOYMENT USES/DISCLOSURES:** Urgent and Family Care may also utilize or disclose your PHI in order to communicate with or notify your employer, school, or other person or entity responsible for payment for your care or treatment. If the treatment provided for you is related to your employment, such as a screening physical or occupational medical care, we will disclose your PHI to your employer for such purposes.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a court subpoena, discovery request or other lawful process.

**DISCLOSURES REQUIRED BY LAW:** We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state, or local law. 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.

**MARKETING/FUNDRAISING:** Should we choose to participate in Marketing or Fundraising Efforts we will first provide you with an opportunity to Opt-Out of such Marketing or Fundraising materials. You will be made aware if our Marketing or Fundraising Efforts will include our practice receiving financial remuneration. You will have the opportunity to opt-out of our current marketing or fundraising efforts, or to opt-out of all future marketing or fundraising efforts.

**USES AND DISCLOSURES OF PHI BASED ON YOUR WRITTEN AUTHORIZATION:** We will not use or disclose your Protected Health Information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization* in **writing** at any time. If you revoke the *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

**YOUR RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your protected health information that may be used to make decisions about your care as long as we are maintaining your protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician used for health care decisions. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

However, federal law prohibits you from inspecting or copying: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access.

**YOUR RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For any services for which you paid out-of-pocket in full, we will honor any request you make to restrict information about those services from your health plan, provided that such release is not necessary for your treatment. In all other circumstances, we are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. *Your written request must state the specific restrictions requested and to whom you want the restriction to apply.*

**YOUR RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to add a statement. You must provide a reason that supports your request for an amendment. We may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement and we may provide you with a copy of any rebuttal.

**YOUR RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Since we maintain an electronic copy of your Medical Records, you have the right to receive an electronic copy and or paper copy of your medical records and to direct us to transmit such information directly to a person or entity clearly, conspicuously, and specifically designated by you. We will not ask you the reason for your request. You may make this request in writing or verbally.

**RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE:** This notice will be prominently posted in our office. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site [www.austinurgentcare.com](http://www.austinurgentcare.com) for downloading.

## CHANGES TO THIS NOTICE

We may change the terms of our notice, at any time. We reserve the right to make the revised or changed notice effective for all medical information we already have about you as well as any information we receive in the future. If there are changes, a revised Notice of Privacy Practices notice will be supplied upon request by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your visit. An updated notice will also be posted on our Web site at [www.austinurgentcare.com](http://www.austinurgentcare.com) for downloading.

## COMPLAINTS

If you believe your privacy rights have been violated, you can file a written complaint to Practice Administrator of Urgent and Family Care or with the secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. There will be no retaliation for filing a complaint.

To file a complaint with us, you may contact the Practice Administrator at 512-733-9400. Complaints filed with the Secretary of Health and Human Services should be directed to your regional office. A directory of regional offices can be found by visiting the following web site:  
<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

This notice is effective on **1 May 2019** and replaces all previous versions.