



Texas Orthopaedic  
Associates, L.L.P.

**FOR YOUR REVIEW. PLEASE KEEP FOR YOUR RECORDS.**

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## **NOTICE OF PRIVACY PRACTICES**

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your personal and health information is important.

This requires no action on your part unless you have a request or complaint.

Texas Orthopaedic Associates (TOA) Physicians understand the importance of keeping your personal and health information private. Protected health information (PHI) includes both medical information and individually identifiable information, such as your name, telephone number or social security number. We are required by applicable federal and state laws to maintain the privacy of your personal and health information both under law and by our policy. TOA has a responsibility to protect the privacy of your PHI. We will:

- Protect your privacy by limiting who may see your PHI;
- Limit how we may use or disclose your PHI;
- Inform you of our legal duties with respect to your PHI;
- Explain our privacy policies and strictly adhere to the policies currently in effect

You have received this notice because you are under the care of, or are considering being treated by, or are considering being treated with a product offered or administered by TOA or a subsidiary or affiliate of TOA. This is a notice of privacy practices, our legal duties, and your rights concerning your PHI. We follow the privacy practices that are described in this notice while it is in effect.

This notice takes effect June 1, 2020, and will remain in effect until we replace it and provide you notice of such changes. 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 PHI that we maintain, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will make the notice available to our patients upon request on or after the effective date of the change. For more information about our privacy practices or for additional copies of this notice, please contact our office at the number listed at the end of this notice.

### **Uses and Disclosures of Patient's Personal and Health Information.**

As a patient of TOA, we may use and disclose your PHI without your consent/authorization in the following ways:

**Treatment.** We may disclose your PHI to a doctor, hospital, or other entity which asks for it in order for you to receive treatment.

**Payment.** We may use and disclose your PHI to receive payment for services provided to you by our doctors, therapists, or other entities. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Health Care Operations.** We may use and disclose your PHI to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers, and individuals performing similar activities.

**Family and Friends.** If you are unavailable to communicate, such as in an emergency or disaster relief, we may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care.

**Research.** We may use or disclose your PHI for research purposes.

**Death.** We may disclose the PHI of a deceased person to a coroner or medical examiner.

**Public Health & Safety.** We may 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 PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes.

**Required by Law.** We must use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

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

**Law Enforcement.** We may disclose limited information to law enforcement officials concerning the PHI of a suspect, fugitive, material witness, 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.

**Military and National Security.** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.

**Authorizing Use and Disclosure of Personal and Health Information.** TOA will request written authorization from you to use your PHI to disclose it to anyone for any purpose or situation not included in this document. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your PHI for any reason except those described in this notice without your written authorization.

**Individual Rights for All Patients.** As a patient, the following are your rights concerning your PHI:

**Access.** You have the right to review or obtain copies of your PHI with certain exceptions. You may submit this request in writing by obtaining a form using the contact information listed at the end of this notice. If you request copies, we may charge you a reasonable, cost-based fee. You will be made aware of any and all charges prior to imposing such fee.

**Disclosure Accounting.** You have the right to receive a list of instances in which we or our subcontractors disclosed your PHI for purposes other than treatment, payment, and health care operations. Effective June 1, 2020, we will begin maintaining these types of disclosures for up to six (6) years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You may submit this request in writing by obtaining a form using the contact information listed at the end of this notice.

**Restriction Requests.** You 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 these additional restrictions, but if we do, we will abide by our agreement (except in a need for your emergency treatment). You also have the right to agree to or terminate a previous submitted restriction. You may submit this request in writing by obtaining a form using the contact information listed at the end of this notice.

**Alternate Communication.** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. We will accommodate your request if it is reasonable and the request specifies the alternative means or location. If such a request is urgent, we will attempt to accommodate your request for alternative communications received verbally with the understanding that your written request follow at a later date. Routine requests may be submitted in writing by obtaining a form using the contact information listed at the end of this notice.

**Amendment.** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, we do not maintain the information or the information is deemed accurate and complete. If we deny your request, we will provide you a written explanation of the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. You may submit this request in writing by obtaining a form using the contact information listed at the end of this notice.

**Electronic Notice.** You have the right to receive this notice in written form upon request. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

**If You Have A Complaint.** If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health & Human Services upon request.

**If You Have A Request.** If you would like to request a patient's rights form, place an urgent request for alternate communications or file a complaint regarding your privacy rights, you may contact us at:

Texas Orthopaedic Associates, L.L.P.  
Attn: Privacy Officer  
8210 Walnut Hill Lane, Suite 130  
Dallas, TX 75231

*We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. It has always been our goal to ensure the protection and integrity of our patients' PHI. Therefore, we will notify you of any potential situations where your information would be used for reasons other than payment and health treatment operations.*