

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.

**Your Health Information Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- 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.
- 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 or health and claims records and other health information we have about you. We may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- Ask us to correct your medical record: You can ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. We may say no to your request, but we'll tell you why in writing within 60 days. You must make your request in writing and you must provide a reason for the request.
- 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. We will say "yes" to all reasonable requests. You must make this request in writing and you must tell us how or where you wish to be contacted.
- Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. 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 say "yes" unless a law requires us to share that information.
- Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, or health care operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter time period. We will provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.
- 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 health information. 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: You can complain if you feel we have violated your rights by contacting us. You can also file a complaint with the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Your Choices:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information 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 information with your family, close friends, or others involved in your care; or Share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission: Marketing purposes; or Sale of your information.

**Our Uses and Disclosures:** How do we typically use or share your health information? We typically use or share your health information in the following ways.

- Help manage the health care treatment you receive: We can use your health information and share it with professionals who are treating you. For Example, your doctor may send us information about your diagnosis and treatment plan so we can arrange appropriate treatment.
- Payment: We can use and share your health information to bill and get payment from your insurance company or a third party if appropriate. For example, we may need to provide your health plan with information about treatment you received so that your health plan will pay us or reimburse you for the treatment
- Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services or improve our services.
- Electronic: We may share your information electronically.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- Help with public health and safety issues. We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting suspected abuse, neglect, or domestic violence; reporting reactions to medications or product problems; or preventing or reducing a serious threat to anyone's health or safety.
- Do research. We can use or share your information for health research.
- Comply with the law. We will share information about you if state or federal laws require it. Including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to This Notice:**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

**Contact:**

If you have any questions about this Notice of Privacy Practices you may contact our privacy officer by sending an email to [mail@lonestarinfusion.com](mailto:mail@lonestarinfusion.com) and referencing the Notice of Privacy Practices in the email subject line.

This notice is effective December 1, 2015.