



Notice of Information Privacy Practices

This Notice is being provided to you on behalf of The Austin Diagnostic Clinic Association (ADC) its physicians, employees, and contracted staff with respect to services provided at ADC's facilities. We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information.

Our Promise to You

Under the HIPAA Privacy Rule, you have the right to adequate notice of uses and disclosures of your medical information. All ADC physicians, employees, contracted staff, business associates and other providers will share your medical information with one another as necessary for treatment, payment, and healthcare operations relating to the services rendered at ADC's facilities. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

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.

The Clinic makes a record of the medical care we provide and uses and discloses your medical information to provide or enable other health care providers to provide medical care, to obtain payment for services provided to you, and to enable us to meet our professional and legal obligations to operate the Clinic properly. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen as well as on the Clinic website. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). You may obtain a copy of this notice on our website at www.adclinic.com.

Understanding Your Health Record

Each time you visit a hospital, clinic, physician or other health care provider, a record of your visit is created. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and 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 and treatment you received.
- Means by which you or a third party payer can verify that services billed were actually provided.
- A tool to educate health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Electronic Health Records:

ADC has an electronic health record and will not use or disclose your health information without written authorization except as described in this Notice. Use or disclosure pursuant to this Notice may include electronic transfer of your health information. For records maintained in an electronic format, you have the right to obtain an electronic copy of your records.

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

- Ensure its accuracy.
- Better understand who, what, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosures to others.

Your Rights Regarding Health Information About You

Although your health record is the physical property of The Austin Diagnostic Clinic Association, the information contained in your health record belongs to you. You have the right to:

Request a Restriction on Certain Uses and Disclosures

You must make your request for restrictions in writing to The Austin Diagnostic Clinic Association Health Information Management (HIM) department. In your request you must state what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply to; for example, disclosures to your spouse. We are not required to agree to all such requests. We will notify you if we are unable to agree to a requested restriction. We are required however to comply with requests to restrict

disclosures of health information to a health plan with respect to a medical service or health care item for which you have paid out of pocket in full. We will abide by such requests, unless we must disclose the information for treatment or legal reasons. It is your responsibility to notify any other providers or third parties of your requested restrictions.

Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means, or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you; and if you are directing us to send it to a particular place, the contact/address information.

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.

Access to Your Medical Record

You may inspect and/or copy your health information. You do not have to appear personally at the Clinic to request access to your medical record. Your request for inspection or copies of your medical record must be made in writing. If you wish to have an electronic copy of your medical record transmitted to a third party, the written request must clearly identify the designated recipient and electronic address the information is to be sent to. The electronic transmission of your medical record will be sent by encrypted e-mail. The law does allow you to have your medical record transmitted by unencrypted e-mail if you so choose. A written request for your records to be sent by an unsecured e-mail is required with your prior acknowledgement that there is some level of risk that information in an unsecured e-mail message could be compromised. The medical record information will be provided only in a readily producible form and format. We may ask that a narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies.

We can refuse to provide some of the information you ask to inspect or ask to be copied. We can refuse to provide access to, or copies of some of the information for the following reasons:

- If the information is psychotherapy notes.
- If the information discloses the identity of a person who provided information under a promise of confidentiality.
- If the information is subject to the Clinical Laboratory Improvements Amendments of 1988.
- If the information has been compiled in anticipation of litigation.

We can refuse to provide access to, or copies of some information for other reasons, provided that we perform a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready, or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost-based fee.

Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to Health Information Management department. We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- If the information wasn't created by this practice or the physicians here in this practice.
- If the information is not part of the Designated Record Set.
- If the information is not available for inspection because of an appropriate denial.
- If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing.

If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

Obtain an Accounting of Disclosures

Accounting of Disclosures is a list of certain disclosure we made of medical information about you. It does not include disclosures that are made for treatment, payment, or health care operations.

- To request an accounting of disclosures you must submit your request in writing to The Health Information Management department.
- Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Examples of Disclosures for Treatment, Payment, and Health Operations

For each category of use and disclosure we provide examples of what we mean. Not every use of disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

We will use your health information for treatment:

For example: Information obtained by a nurse, physician, technicians, medical students or other member of your health care team, will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you leave this office.

We will use your health information for payment:

For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. We may also share your PHI with business associates for billing and collection purposes, including using services with change of address information to ensure your statements are mailed to the most current address on file with the postal service.

We will use your health information for regular health operations:

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare service we provide. ADC reports data for Federal quality measures, quality improvement, cancer registry, licensing purposes etc.

Organized Health Care Arrangements:

ADC has organized health care arrangements with other health care providers and facilities and may use or share your PHI for the operations of the organized health care arrangements. Information may be shared as necessary for treatment, payment and health care operations. Physicians not employed by ADC may have access to PHI in their offices to assist in reviewing past treatment as it may affect treatment at the time. These physicians may have different policies or notices regarding the physician's use and disclosure of your health information created in their office or clinic.

Business associates:

There are some services provided in our organization through contracts with business associates. Examples include physician services in radiology and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Health-Related Benefits and Services:

We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Appointment Reminders/Other important messages:

For example: Members of the staff may contact you as a reminder that you have an appointment for treatment or medical care. We may leave a message on your answering machine regarding appointment reminders, procedure instructions and payment concerns.

Notification:

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, or other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research:

All research projects are subject to government mandated approval process. Under certain circumstances, we may use minimally necessary medical information about you for research purposes. Before we release medical information for research, you must sign a research authorization form.

Marketing:

We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will not sell your PHI or use or disclose it for marketing purposes without your specific permission.

Fund-raising: We may contact you as part of a fund-raising effort. You have the right to opt out of receiving such fundraising communications.

Treatment Alternatives:

We may use and disclose medical information to tell you about, or recommend possible treatment options or alternatives that may be of interest to you.

Food and Drug Administration:

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation:

We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. State and/or federal law control the release of the information.

Public Health, Abuse or Neglect, and Health Oversight:

As required by law, we may disclose your health information to public health activities. Public health activities are mandated by federal, state or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition. We may disclose our medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. The HIPAA privacy regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. Texas law requires a person having cause to believe an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Organ and Tissue Donation:

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Coroner, Medical Examiners and Funeral Directors:

We may release medical information to a coroner or medical examiners. This may be necessary for example to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Correctional Institutions:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or law enforcement official thereof, health information necessary for your health and the health and safety of other individuals.

Legal Proceedings and Law Enforcement:

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to a legal process, such as valid court order, subpoena, warrant, and summons;
- The information pertains to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- The information pertains to a person who has died under circumstances that may be related to criminal conduct;
- The information pertains to a victim of crime and you are incapacitated;
- The information is released because of a crime that has occurred on these premises; or
- The information is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of you, a person, or the public. Any disclosure however, would only be to someone able to help prevent the threat.

Military, National Security and Intelligence Activities, Protection of the President:

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requires as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President.

Disaster Relief

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

As Required by Law:

We may release your medical information where the disclosure is required by law.

Disclosures That Can Be Made Without a Written Authorization or an Opportunity to Object

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Individual Rights Under the Privacy Regulations of the Health Insurance Portability and Accountability Act

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Manager of Health Information Management at 512-901-1111 or if you are making a request, please write to this person at this address: The Austin Diagnostic Clinic 12221 North Mopac Expressway, Austin, Texas 78758. If you believe your privacy rights have been violated, you can file a complaint with the Manager of Health Information Management or Region VI Office for Civil Rights, DHHS 1301 Young Street Suite 1169 Dallas, TX 75202 (214)767-4056 (214) 767-8940(TDD) (214)767-0432(FAX) or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. There will be no retaliation for filing a complaint.

The Austin Diagnostic Clinic Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-512-901-4402

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi 1-512-901-4402

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