

Notice of Privacy Practices

ABOUT THIS PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law. This federal law and its corresponding regulations give you important rights. The most important right in the law is the privacy of your health information. The effective date of this notice is April 14, 2003.

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

This Notice of Privacy Policies and Practices (the "notice") tells you about the ways we may use and disclose medical information about you and your rights and our obligations regarding the use and disclosure of your medical] information. This notice does not apply to health information that does not identify you or anyone else.

We are required by law to:

- Make sure that the medical information we have about you is kept private, to the extent required by state and federal law.
- Give you this notice explaining our legal duties and privacy practices with respect to medical information about you.
- Follow the tense of the version of the notice that is currently in effect at the time we acquire medical information about you.

In this notice, the words "Agency", "we" or "us" mean Pride PHC Services, Inc., the particular office that is providing your care or services is listed, with the address and telephone number at the end of this notice.

A SUMMARY OF YOUR PRIVACY RIGHTS

The law gives you the right to:

- Request restrictions on how the Agency uses your health care information. However, the law does not require that the agency agree to such requested restrictions.
- Tell the Agency where and how to communicate with you. If you wish to receive confidential communications you will need to contact the Agency administrator at the Agency address in this notice.
- Look at or get a copy of the health information an Agency has about you, in most situations. The Agency may require your request for information be in writing.
- Ask the Agency to correct certain information about you if you believe the information is wrong or incomplete. This request must be made in writing to the Agency Administrator at the Agency address provided in this notice. Ask the Agency for a list of times the Agency has disclosed or provided health information about you for reasons other than treatment, payment or health care operations, and certain other reasons provided by law.
- Ask for and get a paper copy of this notice from the Agency.

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USE AND DISCLOSURE OF HEALTH INFORMATION

The Agency, may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different reasons that we typically use and disclose medical information. These categories are intended to be generic descriptions only, and not a list of every instance in which we may use or disclose medical information. Please understand that for these categories, the law generally does not require us to get your consent in order for us to release your medical information.

To Provide Treatment: The Agency may use your health information to coordinate care within the Agency and with others involved in your medical care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care or are otherwise involved in your treatment. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

For Payment: We may use and disclose medical information about you so that we may bill and collect from you, an insurance company, or a third party for the services we provided. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may send a claim for payment to your insurance company, and that claim may have a code on it that describes the services that have been rendered to you.

To Conduct Health Care Operations: The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality help to the Agency's patients. Health care operations includes, but are not limited to, such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in healthcare learn under supervision.
- Training of non-healthcare professionals.
- Accreditation, certification, licensing of credentialing activities.

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- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency and certain marketing activities.

For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Fundraising Activities: The Agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Agency. The Agency may also release this information to a related Agency foundation. If you do not want the Agency to contact you, notify *the Agency Administrator at the address provided* and indicate that you do not wish to be contacted.

For Appointment Reminders: The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives: The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Quality Assurance. We may need to use or disclose your medical information for our internal processes to determine that we are providing appropriate care to our patients.

Utilization Review. We may need to use or disclose your medical information to perform a review of the services we provide to ensure that the proper level of services are received by our clients, depending on their condition and diagnosis.

Peer Review. We may need to use or disclose medical information about you in order for us to review the credentials and actions of our health care personnel to ensure they meet our qualifications and standards.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent or decrease a serious and imminent threat to your health or safety or the health and safety of the public or another person. Such disclosure would only be to someone able to help prevent the threat, or to appropriate law enforcement officials.

When Legally Required: The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

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Law Enforcement. The Agency may disclose your medical information if we are asked to do so by law enforcement officials, or if we are required by law to do so. Examples of these situations are:

- In response to a court order, a warrant, or summons of similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct in our office.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- To report certain types of wounds or physical injuries (for example, gunshot wounds).

To Coroners And Medical Examiners: The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors: The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation: If you are an organ donor, the Agency 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.

For Research Purposes: We may use or disclose your medical information to an Institutional Review Board or other authorized research body if it has obtained your consent as required by law, or if the information we provide them is "de-identified".

In the Event of A Serious Threat of Health or Safety: The Agency may use and disclose medical information about you when necessary to prevent or decrease a serious and imminent threat to your health or safety or the health and safety of the public or another person. Such disclosure would only be to someone able to help prevent the threat, or to appropriate law enforcement officials.

Military and Veterans. If you are or were a member of the armed forces, we may release medical information about you as required by the appropriate military authorities.

National Security and Intelligence Activities. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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When There Are Risks to Public Health: The Agency may disclose your health information for certain public health activities and purposes to:

- A public health authority that is authorized by law to collect or receive such information for the purpose *of* preventing *or* controlling disease, injury *or* disability, including but not limited to reporting disease, injury, vital events such as birth or death, and the conduct of public health surveillance, investigations and interventions.
- A public health authority that is authorized by law to receive reports *of* child abuse or neglect.
- A person subject to the jurisdiction *of* the Food and Drug Administration (FDA) with respect to an FDA regulated product or activity for which that person has responsibility, for the purpose *of* activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include: to report adverse events and product defects, to track products or enable product recalls, for repairs and replacements, and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce of the employer if the Agency provides health care to such individual at the request of the employer. (1) to conduct an evaluation relating to medical surveillance of the workplace or (2) to evaluate whether the individual has a work related injury, and the employer needs such findings in order to comply with certain obligations it has under federal or state law. The protected health information disclosed in such case would consist only of findings concerning a work-related illness or injury *or* a workplace-related medical surveillance.

To Report Abuse, Neglect or Domestic Violence: The Agency is allowed to notify government authorities, including social services, if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities: The Agency may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, civil administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulation which relates to health information, and compliance with civil rights laws.

In Connection With Judicial and Administrative Proceedings: If you are involved in a lawsuit or a legal dispute, we may disclose medical information about you in response to a court *or* administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your medical information, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

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Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correctional institution or the law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution or law enforcement officials

For Worker's Compensation: The Agency may release medical information about you for your employer's worker's compensation or similar program. These programs provide benefits for work related injuries. For example, if you have injuries that resulted from your employment, worker's compensation insurance or a state worker's compensation program may be responsible for payment for your care, in which case we might be required to provide information to the insurer or program.

Individuals Involved In Your Care or Payment For Your Care. We may release medical information about you to a friend or family member who is involved in your medical care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law, or in accordance with your prior authorization.

II. OTHER USES of MEDICAL INFORMATION

There are times we may need or want to use or disclose your medical information other than for the reasons listed above, but to do so we will need your prior permission. If you provide us permission to use or disclose medical information about you for such other purposes, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

To Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you in various situations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend..

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. In addition, there are certain situations where we won't be able to agree to your request, such as when we are required by law to use or disclose your medical information. If you wish to make a request for restrictions, please contact the Agency Administrator at the address provided. In your request, you must specifically tell us what information you want to limit, whether you want us to limit our use, disclosure, *or* both, and to whom you want the limits to apply.

Right to Receive Confidential Communications: You have the right to request that the Agency communicate with you in a certain way or at a certain location. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with

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no other family members present. If you wish to receive confidential communications, please contact *the Agency Administrator with the address provided*. The Agency will not ask the reason for your request, and we will use our best efforts *to* accommodate all reasonable requests, but there are some requests with which we will not be able comply. Your request must specify how and where you wish to be contacted.

Right to Inspect and Copy Your Health Information Under most circumstances, you have the right to inspect and/or copy your medical information that we have in our possession, which generally includes your medical and billing records. A request to inspect and copy records containing your health information may be made to *Agency Administrator at the address provided*.

If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. The fee we may charge will be the amount allowed by state law.

In certain very limited circumstances allowed by law, we may deny your request to review or copy your medical information. We will give you any such denial in writing. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Agency will review your request and the denial the person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

Right to Amend Health Care Information You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to *the Agency Administrator*, the address is provided. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if: (1) your health information records were not created by the Agency, (2) the records you are requesting are not part of the Agency's records (3) the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or (4) if, in the opinion of the Agency, the records containing your health information are accurate and complete. If we deny your request, we will notify you of that denial in writing.

Right to Accounting. You have the right *to* request an "accounting of disclosures" of your medical information. This is a list *of* the disclosures we have made for up to six years prior to the date of your request of your medical information, but does not include disclosure for Treatment, Payment, or Health Care Operations (as defined previously in this notice) or disclosures made pursuant to your specific authorization, or certain other disclosures. *To* request this list of accounting, you must submit your request in writing to the *Agency Administrator at the address provided*.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (*for* example, on paper or electronically). The first time you request within a twelve month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list. We

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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.

Right to a Paper Copy of this Notice. You or your representative has a right to a separate paper copy of this Notice at any time even if you *or* your representative have received this Notice previously. To obtain a separate paper copy, please contact the Agency at the address provided.

Business Associates. There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate: so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information. .

IV. CHANGES TO THIS NOTICE.

We reserve the right to change this Notice at any time, along with our privacy policies and practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, along with an announcement that changes have been made, as applicable, in our offices. When changes have been made to the Notice, you may obtain a revised copy by sending a letter to the *Agency Administration with the address provided.* .

V. COMPLAINTS

You or your personal representative has the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. You may send any complaints in writing to the Agency Administration at the address below. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. .

AGENCY ADDRESS:

PRIDE PHC SERVICES INC.

12500 San Pedro, Suite 315

San Antonio. Texas 78216

CORPORATE CONTACT PERSON

The Agency has designated the *Privacy Officer* as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at *the address below.*

Effective Date: This Notice is effective April 14, 2003.