



NOTICE OF PRIVACY PRACTICES

ESSENTIAL MED CLINIC, PLLC

Office of Freda Cobbinah, D.O.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY. THE STAFF IS DEDICATED TO ENSURING YOUR PRIVACY AND SECURITY WHILE UNDER OUR CARE.

Effective Date: November 1, 2018

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

Practice Manager/Compliance Officer
2810 North Loop 1604 West, Suite #102
San Antonio, TX 78248
210-568-7555
210-200-5136 Fax

About This Notice:

We are required by law to maintain the privacy of protected health information (PHI or E-PHI) and give you this Notice of Privacy Practices (referred to as "Notice" hereafter) explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your PHI or E-PHI, and this Notice also explains your rights and our obligations. We are required to abide by terms of this Notice. Some of the items in this Notice may or may not apply to your particular circumstances.

What is PHI or E-PHI?

PHI or E-PHI is information that individually identifies you and that we create or get from you or from another health care provider, health plan, or a healthcare clearinghouse, and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care. E-PHI is protected health information that is produced, saved, transferred, or received in an electronic format.

How We May Use and Disclose Your PHI or E-PHI?

We may use and disclose your PHI or E-PHI *without* your permission in many of the following circumstances for:

1. Treatment: We may use or disclose your PHI or E-PHI to give you medical treatment or services, and to manage and coordinate your medical care. For example, your PHI or E-PHI may be provided to another physician or healthcare provider (e.g., laboratory) to whom you have been referred to ensure that the physician or other healthcare provider has the necessary information to diagnose or treat you or provide you with a service.
2. Payment: We participate with many health insurance plans, and we may use or disclose your PHI or E-PHI so that we can be paid for the services provided to you.
3. Healthcare Operations: We may use or disclose PHI or E-PHI for our healthcare operations. As an example, we may share your PHI or E-PHI to internally review the quality of treatment and services you receive, and to evaluate the performance of our team members in caring for you. We may also disclose information to physicians, nurses, medical assistants, and other authorized personnel for educational and learning purposes.
4. Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose your PHI or E-PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
5. Minors: We may disclose the PHI or E-PHI of minor children to their parents or guardians, unless such disclosure is otherwise prohibited by law.
6. As Required by Law: We will disclose PHI or E-PHI about you when required to do so by international, federal, state, or local laws.
7. To Avert a Serious Threat to Health or Safety: We may use and disclose PHI or E-PHI when necessary to prevent a serious threat to your health or safety, or to the health and safety of others; however, we will only disclose the information to someone who may be able to prevent the threat.
8. Business Associates: We may disclose PHI or E-PHI to our business associates who perform functions on our behalf or provide us services if the PHI or E-PHI is necessary to those functions or services. For example, we may use another company to do consulting or billing services for us. All of our business associates are obligated, under contract with us and the law, to protect the privacy and ensure the security of your PHI or E-PHI.
9. Military and Veterans: If you are a member of the Armed Forces, we may disclose PHI or E-PHI as required by military command authorities. We also may disclose PHI or E-PHI to the appropriate foreign military authority if you are a member of a foreign military.
10. Worker's Compensation: While highly unlikely, we may use or disclose PHI or E-PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.
11. Public Health Risks: We may disclose PHI or E-PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of FDA-regulated product or activity; (2) prevent or control disease, injury, or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products that they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
12. Abuse, Neglect, or Domestic Violence: We may disclose PHI or E-PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, and the patient agrees, or we are required or authorized by law to make the disclosure.
13. Health Oversight Activities: We may disclose PHI or E-PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws.

14. **Data Breach Notification Purposes:** We may use or disclose your PHI or E-PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
15. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI or E-PHI in response to a court or administrative order. We also may disclose PHI or E-PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose PHI or E-PHI to defend ourselves in the event of a lawsuit.
16. **Law Enforcement:** We may disclose PHI or E-PHI, so long as applicable legal requirements are met, for law enforcement purposes.
17. **Military Activity and National Security:** If you are involved with military, national security, or intelligence activities, or if you are in law enforcement custody, we may disclose your PHI or E-PHI to authorized officials, so they may carry out their legal duties under the law.
18. **Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI or E-PHI to a coroner, medical examiner, or funeral director so they can carry out their duties.

Your Written Authorization is Required for Other Uses and Disclosures:

The following uses and disclosures of your PHI or E-PHI will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes, if applicable;
2. Uses and disclosures of PHI or E-PHI for marketing purposes; and
3. Disclosures that constitute a sale of your PHI or E-PHI.

Other uses and disclosures of PHI or E-PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose PHI or E-PHI under the authorization. But, any disclosure that we made in reliance of your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding your Protected Health Information:

You have the following rights, subject to certain limitations, regarding your PHI or E-PHI:

1. **Right to Inspect and Copy:** You have the right to inspect and copy PHI or E-PHI that may be used to make decisions about your care or payment for your care. We have up to 15 business days to make your PHI or E-PHI available to you *after you have submitted your written request*. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We will notify you of the estimated charges prior to complying with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act, or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
2. **Right to a Summary or Explanation:** We can also provide you with a summary of your PHI or E-PHI, rather than the entire record, or we can provide you with an explanation of the PHI or E-PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
3. **Right to an Electronic Copy of your Electronic Medical Records:** You have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity.

We will make every effort to provide access to your PHI or E-PHI in the form or format you request, if it is readily producible in such form or format. If the PHI or E-PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with the EMR.

4. Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your PHI or E-PHI.
5. Right to Request Amendments: If you feel that the PHI or E-PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice, and it must tell us the reasons for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement, and will provide you with a copy of any such rebuttal.
6. Right to an Accounting of Disclosures: You have the right to ask for an “accounting of disclosures”, which is a list of the disclosures we have made of your PHI or E-PHI. This right applies to disclosures for the purposes other than treatment, payment, and healthcare operations, as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for EMR’s. The first accounting of disclosures you request within any 12-month period will be free of charge. For additional requests within the same period, we may charge you a reasonable fee for the providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
7. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI or E-PHI we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI or E-PHI we disclose about you to someone who is involved in your care, or the payment of your care, like a family member or friend. *To request a restriction on who may have access to your PHI or E-PHI, you must submit a written request to the Privacy Officer. Your request must state the specific restrictions requested, and to whom you want the restrictions to apply. We are not required to agree with your request, unless you are asking us to restrict the use and disclosure of your PHI or E-PHI to a health plan for payment or healthcare operation purposes, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your PHI or E-PHI in violation of that restriction unless it is needed to provide emergency treatment.*
8. Out-of-Pocket Payments: If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI or E-PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we will honor that request.
9. Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights:

To exercise your rights described in this Notice, send your request in writing to our Privacy Officer at the address listed at the beginning of this Notice. We may ask you to complete a form that we supply. To

exercise your right to inspect and copy of your PHI or E-PHI, you may contact the office staff directly. To get a paper copy of this Notice, contact the office staff or the Privacy Officer.

Changes to This Notice:

We reserve the right to change this Notice at any time. We reserve the right to make the changed Notice effective for PHI or E-PHI we already have, as well as for any PHI or E-PHI we create or receive in the future. A copy of our current Notice is available in our office.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out:

1. Individuals Involved in Your Care or Payment of Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI OR E-PHI that directly relates to that person's involvement in your health care.

Name and Relationship of Authorized Family Member:

If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

[I wish to object or opt out of this section: Yes No]

2. Disaster Relief: We may disclose your PHI or E-PHI to disaster relief organizations that seek your PHI or E-PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

[I wish to object or opt out of this section: Yes No]

3. Fundraising Activities: We may use or disclose your PHI or E-PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising activities.

[I wish to object or opt out of this section: Yes No]

Complaints:

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180-days of when you feel there is a suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint, mail to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email to OCRComplaint@hhs.gov

There will be no retaliation against you for filing a complaint.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS NOTICE OF PRIVACY PRACTICES

[PRINT NAME]

[SIGNATURE]

[DATE]

[WITNESS]