



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE READ IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information. We may use and disclose your medical records only for each of the following purposes:

- Treatment, which means providing, coordinating, or managing health care and related services by one or more healthcare providers.
- Payment, which includes such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review
- Health Care Operations including business aspects of running our practice, such as conducting quality assessments, cost management analysis, and customer service.
- Compliance with law enforcement and other legitimate reasons, although we shall do our best to assure its continued confidentiality to the extent possible.
- Medical research in coordination with Elligo Health Research, including preparation of data to identify possible candidates for clinical trials. Representatives may contact candidates.
- Health Information Exchange. Your PHI may be used and disclosed with other health care providers or other health care entities for treatment, payment, public health, and health care operations purposes, as permitted by law, through the Paso Del Norte Health Information Exchange (PHIX). For example, information about your past medical care and current medical conditions and medications can be available to other primary care physicians or hospitals, if they participate in PHIX. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. You may opt out of PHIX and prevent providers from being able to search for your information through the exchange. You may opt out and prevent your medical information from being searched through PHIX by completing and submitting an Opt-Out Form to the registrar. You may request this form from Front Desk.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information. We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

The following use and disclosures of PHI will only be made pursuant to us receiving a written specific authorization from you. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes.
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

Under HIPAA, you have several rights that include the following:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect, amend and copy your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if, your unprotected PHI is intentionally or unintentionally disclosed.
- If you have paid for services "out of pocket", in full, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

You may obtain a form to request copy of your records or to request the execution of any of the rights listed above, you must submit a written request by contacting Alicia Fierro, Medical Records Custodian. Your request will be reviewed and will generally be approved, unless there are legal or medical reasons, within 30 days as allowed by the Texas Medical Association.

We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with the office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Our goal is to serve you in the most professional manner and to comply with all laws and regulations. Please let us know if you believe there has been a violation of your privacy rights or if you have any comments or complaints by contacting the person stated below.

Nora Saucedo, El Paso Pulmonary Association
4305 N. Mesa Ste. A
El Paso, TX 79902
(915) 532-2477

