

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made in order to manage the care you receive. Full Spectrum Emergency Room & Urgent Care understands that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how these Texas Health facilities may use and disclose your information and the rights that you have regarding your health information.

The facilities use 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.

Your Rights

When it comes to your health information, you have certain rights.

Although your health information is the physical property of the facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed. In addition, you have the right to request, in writing, a restriction on disclosures of health information to a health plan with respect to treatment services for which you have paid out of pocket in full. In this case, we will honor the request. It will be your responsibility to notify any other provider of this restriction.
- Request, in writing, to inspect or obtain a copy of your health record as provided by law.
- Request, in writing, that your health record be amended as provided by law if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated.
- Request in writing to obtain an accounting of disclosures or a report of who has accessed your health information as provided by law. The access report will only be available after federal regulations become effective.
- Obtain a paper copy of this Notice of Privacy Practices on request.

Our Uses and Disclosures

How do we typically use or share your health information?

When you obtain services from any facility, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, process payments for your treatment, and support the operations of the facility and other involved providers. The following categories describe ways that the facilities use or disclose your information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

Your health information will be used for treatment

- For example: Disclosures of medical information about you may be made to doctors, nurses, technicians, medical residents, or others who are involved in taking care of you at a facility. This information may be disclosed to other physicians who are treating you or to other healthcare facilities involved in your care. Information may be shared with pharmacies, laboratories, or radiology centers for the coordination of different treatments.

Your health information will be used for payment

- For example: Health information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about the treatment you are going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.

Your health information will be used for healthcare operations

- For example: The information in your health record may be used to evaluate and improve the quality of the care and services we provide. Students, volunteers, and trainees may have access to your health information for training and treatment purposes as they participate in continuing education, training, internships, and residency programs.

Health Information Exchange (HIE)

- The facilities participate in electronic health exchanges and may share your health information as described in this Notice. Participation is voluntary. You will be given the opportunity to opt into the electronic health information exchanges at the time of registration.

Business Associates

- There are some services that we provide through contracts with third-party business associates. Examples include transcription agencies and copying services. To protect your health information, the facilities require these business associates to appropriately protect your information.

Directory

- Unless you give notice of an objection, your name, location in the facility, general condition, and religious affiliation will be used for patient directories, in those facilities where such directories are maintained. This information may be provided to members of the clergy. This information, except for religious affiliation, may also be provided to other people who ask for you by name.

Continuity of Care

- In order to provide for the continuity of your care once you are discharged from one of our facilities, your information may be shared with other healthcare providers such as home health agencies. Information about you may be disclosed to community service agencies in order to obtain their services on your behalf.

DISCLOSURES REQUIRING VERBAL AGREEMENT

- Unless you give notice of an objection, and in accordance with your agreement, medical information may be released to a family member or other person who is involved in your medical care or who helps pay for your care. Information about you may be disclosed to notify a family member, legally authorized representative, or other person responsible for your care about your location and general condition. This may include disclosure of information about you to an organization assisting in a disaster relief effort, such as the American Red Cross so that your family can be notified about your condition. You will be given an opportunity to agree or object to these disclosures except as due to your incapacity or in emergency circumstances.

DISCLOSURES REQUIRED BY LAW OR OTHERWISE ALLOWED WITHOUT AUTHORIZATION OR NOTIFICATION

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or for law enforcement. Examples would include: reporting gunshot wounds or child abuse or responding to court orders.
- For public health purposes, such as reporting information about births, deaths, and various diseases, or disclosures to the FDA
- regarding adverse events related to food, medications, or devices.
- For health oversight activities, such as audits, inspections, or licensure investigations.
- To organ procurement organizations for the purpose of tissue donation and transplant.
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information; or the disclosure is that of a limited data set, where personal identifiers have been removed.
- To coroners and funeral directors for the purpose of identification, the determination of the cause of death, or to perform their duties as authorized by law.
- To avoid a serious threat to the health or safety of a person or the public.
- For specific government functions, such as protection of the President of the United States.
- For workers' compensation purposes.
- To military command authorities as required for members of the armed forces.
- To authorize federal officials for national security and intelligence activities as authorized by law
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

OTHER ALLOWABLE USES AND DISCLOSURES WITHOUT AUTHORIZATION

Other uses or disclosures of your health information that may be made include:

- After your visit with us, we may reach out to you via a phone call, electronic mail (e-mail), text message (SMS), or other forms of digital communication for purposes of quality assurance in the form of surveys or review requests. You may opt out of this process at any time by contacting us at and providing your name and the contact method that was used.
- Notifying you of health-related benefits and/or services that may be of interest to you.
- Contacting you about disease management programs, wellness programs, or other community-based initiatives or activities in which the facility participates.
- Using your health information for the purposes of fundraising for a facility. You will have the opportunity to opt out of any future communications. Contact either of our facilities for opting out of communication.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time. Specific examples of uses and disclosures requiring authorization include the use of psychotherapy notes, marketing activities, and some types of sale of your health information.

PRIVACY COMPLAINTS

You have the right to file a complaint if you believe your privacy rights have been violated. This complaint may be addressed to the Privacy Officer contact listed in this Notice, or to the Secretary of the Department of Health and Human Services. There will be no retaliation for registering a complaint.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by following the following link:
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- Or contact them at:
HHS Headquarters
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

Our Responsibilities

The facilities have certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information.
- Provide you with this Notice that describes the legal duties and privacy practices regarding the information that we maintain about you.
- Abide by the terms of the Notice currently in effect.
- Inform you that our facilities must keep your medical records for a period of time required by law and then may dispose of them as permitted by law.
- The facilities reserve the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. If changes are made, the revised Notice of Privacy Practices will be made available at each facility, posted on the website, and will be supplied when requested.

This Notice of Privacy Practices applies to the following:

- Full Spectrum Emergency Room & Urgent Care- *The Rim*
- Full Spectrum Emergency Room & Urgent Care- *Hardy Oak*

For more information about our privacy policies, please contact us at:

Full Spectrum Emergency Room & Urgent Care

18007 W Frontage Rd Interstate 10

San Antonio, TX 78257

Phone: 210-530-1040 Fax: 210-530-1187