

Su Clínica

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 REVIEW IT CAREFULLY.

In this notice we use the terms “the Clinic,” “we,” “us,” and “our” to describe Su Clínica (SC). All references to written requests should be addressed to:

Su Clínica
Medical Records Department
Attention: Privacy Officer
1706 Treasure Hills Blvd.
Harlingen, TX 78550

I. WHAT IS “PROTECTED HEALTH INFORMATION?”

Your protected health information (PHI) in either electronic or paper format, is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

II. ABOUT OUR RESPONSIBILITY TO PROTECT YOUR PHI

By law, we must:

- 1) Protect the privacy of your PHI,
- 2) Tell you about your rights and our legal duties with respect to your PHI,
- 3) Tell you about our privacy practices and follow our notice currently in effect.
- 4) Notify affected individuals following a breach of unsecured PHI.

We take these responsibilities seriously and, we will continue to take appropriate steps to safeguard the privacy of your PHI.

In the course of providing health care, we collect various types of PHI from patients and other sources, including other health care providers. The medical information may be used, for example, to provide health care services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of PHI that we collect and maintain about patients include, for example:

- Hospital, medical, mental health and substance abuse patient records, laboratory results, x-ray reports, pharmacy records, and appointment records.
- Information from patients obtained for example; through surveys, applications and other forms, and online communications;
- Information about your relationships with the Clinic such as: medical services received, claims history, and information from your benefits plan sponsor or employer about group health coverage you may have.

III. YOUR RIGHTS REGARDING YOUR PHI

This section tells you about your rights regarding your PHI – for example, your medical and billing records. It also describes how you can exercise these rights.

Your right to see and receive copies of your PHI

In general, you have a right to see and receive copies of your PHI in designated record sets such as your medical record or billing records. If you would like to see or receive a copy of such a record, please make the request in writing.

Within 15 days after we receive your written request for records that are on site, we will notify you when and how you can see or obtain a copy of your record. If you agree, we will give you a summary or explanation of your PHI instead of providing copies. We may charge you a fee for the copies, summary, or explanation. If we don't have the record you asked for but we know who does, we will tell you who to contact to request it.

In limited situations, we may deny some or all of your request to see or receive copies of your records, but if we do, we will tell you why in writing and explain your right, if any, to have the denial reviewed.

Your right to choose how we send PHI to you

You may ask us to send your PHI to you at a different address (for example, your work address) or by different means (for example, electronically). If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

Your right to correct or update your PHI

If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record. In writing, please tell us

what you are asking for and why we should make the correction or addition. We will respond in writing after receiving your request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. Your statement must be limited to 250 words for each item in your record that you believe is incorrect or incomplete. You must clearly tell us in writing if you want us to include your statement in future disclosures we make of that part of your record. We reserve the right to include a summary instead of your statement.

Your right to an accounting of disclosures of PHI

You may request in writing a list of our disclosures of your PHI that occurred after April 14th, 2003. The list must include a time period no longer than 6 years and may not include dates before April 14th, 2003.

You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, a fee will be charged.

An accounting does not include certain disclosures – example, disclosures in order to provide treatment, payment, and health care operations; disclosures that occurred prior to April 14, 2003; disclosures for which we had a signed authorization; disclosures of your PHI to you; disclosure notifications for disaster relief purposes; or disclosures to persons involved in your care and persons acting on your behalf.

Your right to request limits or restrictions on uses and disclosures of your PHI

You may request in writing that we limit use and disclosure of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request.

You also can request a restriction or limitation on the health 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. For example, you could ask that we not use or disclose information about a surgery you had.

Your right to restrict disclosures for Services Paid by you in Full

You have the right to restrict the disclosure of your health information to a health plan if the health care services for which you paid in full directly to the Center and the disclosure is not otherwise required by law.

Your right to Notice of Breach

You have the right to be notified if we or one of our Business Associates becomes aware of an improper disclosure of your health information.

Your right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request in a language understood by the recipient. You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

IV. SU CLINICA

Our health care delivery sites include: Harlingen, Brownsville, Raymondville and Santa Rosa. To provide you with health care treatment, pay for your care, and conduct our operations, these sites may share your PHI with each other.

Our personnel may have access to your PHI either as employees, physicians, professional staff members of the Clinic and others authorized to enter information in a SC medical record, such as volunteers, or persons working with us in other capacities.

V. HOW WE CAN USE AND DISCLOSE YOUR PHI

Your confidentiality is important to us. Our physicians and employees are required to maintain the confidentiality of the PHI of our patients, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. As allowed by law we may use and disclose certain PHI without your written permission.

How much PHI is used or disclosed without your written permission will vary depending, on the intended purpose of the disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder. At other times, we may need to use or disclose more PHI, such as when we are providing medical treatment.

- **Treatment:** This is the most important use and disclosure of your PHI. Our physicians, nurses, and other health care personnel, including trainees, involved in your care, use and disclose your PHI to diagnose your condition and evaluate your health care needs. Our personnel will use and disclose your PHI in order to provide and coordinate the care and services you need: for example, prescriptions, x-rays, and lab work. If you need care from health

care providers outside of SC personnel to assist with your health care needs, we may disclose your PHI to them.

- **Treatment alternatives and health-related benefits and services:** In some instances, the law permits us to contact you: 1) to describe the extent to which we offer and pay for various products and services; 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment options, therapies, health care providers, or care settings. For example, we may tell you about a new drug, a procedure or about educational or health management activities.
- **Payment:** Your PHI may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider send us the bill for health care services, we use and disclose your PHI to determine how much, if any, of the bill we are responsible for paying.
- **Health care operations:** We may use and disclose your PHI for certain health care operations – for example, quality assessment and improvement, training and evaluation of health care professionals, licensing, and accreditation.
- **Business associates:** We may contract with business associates to perform certain functions or activities on our behalf. These business associates must agree to safeguard your PHI.
- **Appointment reminders:** Your PHI allows us to contact you about appointments for treatment or other health care you may need.
- **Specific types of PHI:** There are stricter requirements for use and disclosure of some types of PHI – for example, mental health and drug and alcohol abuse patient information and HIV tests, and genetic testing information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization.
- **Communications with family and others when you are present:** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we will not discuss your PHI or we will ask the person to leave.
- **Family, friends, or other individuals involved in your care or payment for your care:** We may disclose your PHI to assist in notifying a family member, your personal representative, or another individual involved in or responsible for your health care about your location at the Clinic, your general

condition, or in the event of an emergency. We may also disclose information to someone who helps arrange for payment for your care. If you are able and available you will have the opportunity to agree or object prior to these disclosures. We may disclose information even over your objection if we believe it is necessary to respond to a disaster or emergency situation.

We will use our best judgment in any communication with your family, personal representative, and other involved individuals and limit the disclosure to information that is directly relevant to the person's involvement with your health care. For example, we may allow someone to pick up a prescription for you.

- **Disclosure in case of disaster relief:** We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist with disaster relief efforts, unless you object at the time.
- **Disclosures to parents as personal representatives of minors:** In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny you access to your minor child's PHI. An example of when we must deny such access based on type of health care is when a minor who is 12 or older seeks care for a communicable disease or condition. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions. This includes minors who were or are married or who have a declaration of emancipation from a court.
- **Patient List/Directory:** We may include certain limited information about you in a Clinic list of patients while you are a patient at the Clinic, for example, a daily appointment list. This information may include your name, location and information about you in general terms that will not communicate specific health information. Unless there is a specific written request from you to the contrary, this directory information may also be released to people who ask for you by name.
- **Sign-In Sheet:** We may use and disclose health information about you by having you sign in when you arrive at the Clinic. We may also call out your name when you are ready to be seen.
- **Appointment and Patient Recall Reminders:** We may use and disclose your health information to contact you regarding appointments or other clinic matters.
- **Research:** Under certain circumstances, we may disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all

patients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with the patients' need for privacy of their health information. Before we use or disclose health information for research, the project will require approval through the research approval process. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

- **Organ donation:** We may use or disclose PHI to organ-procurement organizations to assist with organ, eye, or other tissue donations.
- **Public health activities:** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI.
 - For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, conditions, and vital events such as births. Sometimes we may disclose your PHI to someone you may have exposed to a communicable disease or who may otherwise be at risk of getting or spreading the disease.
 - The Food and Drug Administration (FDA) is responsible for tracking and monitoring certain medical products, such as pacemakers and hip replacements, to identify product problems and failures and injuries they may have caused. If you have received one of these products, we may use and disclose your PHI to the FDA or other authorized persons or organizations, such as the maker of the product.
 - We may use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.
- **Health oversight:** As health care providers, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process they may review your PHI.
- **Disclosures to your employer or your employee organization:** If you are enrolled in a health plan through your employer, we may share certain PHI with them without your authorization, but only when allowed by law. For example, we may disclose your PHI for a worker's compensation claim or to determine whether you are enrolled in the plan or whether premiums have been paid on your behalf. For other purposes, such as for inquiries by your

employer or employee organization on your behalf, we will obtain your authorization when necessary under applicable law.

- **Worker's Compensation:** In order to comply with worker's compensation laws, we may use and disclose your PHI. For example, we may communicate your medical information regarding a work-related injury or illness to claim administrators, insurance carriers, and others responsible for evaluating your claim for worker's compensation benefits.
- **Military activity and national security:** We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the president and other government officials and dignitaries.
- **Service Promotions:** The Clinic may use and disclose your PHI to contact you about benefits, services, or supplies that we can offer you.
- **Fundraising:** We may use or disclose PHI to contact you to raise funds for our organization, but you, the patient, have the right to opt-out of such communications. If you do not want the Center to contact you for fundraising efforts, you must notify the Center's Medical Records Department in writing at the address stated in this Notice.
- **Required by law:** In some circumstances federal or state law requires that we disclose your PHI to others. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.
- **Lawsuits and other legal disputes:** We may use and disclose PHI in response to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Law enforcement:** We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, or help identify or locate someone.
- **Serious threat to health or safety:** We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.
- **Abuse or neglect:** By law, we may disclose PHI to the appropriate authority to report suspected child

abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.

- **Coroners and funeral directors:** We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.
- **Inmates:** Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes, for example, to protect your health or safety or someone else's.

VI. ALL OTHER USES AND DISCLOSURES OF YOUR PHI REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation.

Special Categories of Health Information: In some circumstances, your health information may be subject to additional restrictions that may limit or preclude some uses or disclosures described in this Notice of Privacy Practices. For example, there are special restrictions on the use and/or disclosure of certain categories of health information such as: (a) AIDS treatment information and HIV tests results; (b) treatment for mental health conditions and psychotherapy notes; (c) alcohol, drug abuse and chemical dependency treatment information; and/or (d) genetic information, is all subject to special restrictions. In addition, Government health benefit programs, such as Medicare or Medicaid, may also limit the disclosure of patient information for purposes unrelated to the program. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI require your authorization.

VII. FORMS OF SOFTWARE INITIATED COMMUNICATION SU CLINICA MAY USE AS STANDARD REMINDERS FOR VISITS AND MEDICATION

We will use a variety of electronic communication methods including phone, text messages, and e-mail for

the limited purposes of appointment reminders, and medication refill reminders. We will not disclose protected health information or distribute marketing through these types of electronic communications. These communication methods will be used only for the purpose of reminders under the Health Insurance Portability & Accountability Act (HIPAA).

Under certain circumstances, message/data rates may apply to these types of text messages sent by Su Clinica under your cell phone plan. It is your right to decline this type of service and you are under no obligation to authorize Su Clinica to send you electronic communication and may cancel at any time through a text message you receive or by calling the Su Clinica main line in Harlingen, 956-365-6000, Brownsville 956-831-8338, Raymondville, 956-689-2196 and Santa Rosa, 956-636-2676. Changes to your phone number, will require notification in person, or a call to the Su Clinica main line.

VIII. HOW TO CONTACT US ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, or want to make a complaint about our privacy practices, please let us know by requesting to speak with our Privacy Officer at 1-956-365-6750 or using the address on page 1. You also may notify the Secretary of the Department of Health and Human Services.

We will not take retaliatory action against you if you file a complaint about our privacy practices.

IX. CHANGES TO THIS NOTICE

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice. Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice. Current patients will be notified of any material changes to this notice at their next appointment and new patients will be given revised notice at registration.

X. EFFECTIVE DATE OF THIS NOTICE

This notice is effective April 2019.