

Privacy Policy 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.

Texas Medical Management (TMM) is committed to protecting your confidential health information. We create records of the services you receive from us and are committed to protecting that medical information. We are required by law to protect the privacy of any medical information that identifies you; provide you with this notice describing our legal duties and privacy practices with respect to your medical information; and to follow the terms of our most current privacy notice.

# WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Texas Medical Management. TMM will comply with this notice with respect to uses and disclosures of your medical information.

# HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

TMM uses your health information to conduct many activities that are common in patient care facilities and for activities related to our routine business operations. Below are examples of some of the ways we may use and disclose your health information. We do not list all the ways we are permitted by law to use or disclose your information, but a use or disclosure should fall in one of the following four categories:

1. How we use and disclose your information for treatment purposes: We have put in place security procedures and safeguards to protect the confidentiality and integrity of your electronic health information. Our electronic archive enhances the quality of the healthcare you receive by providing the timely exchange of medical information needed for your treatment. Your personal physician, members of your treatment team, or a consulting physician may access your archived health information directly by computer. Please note that Texas law requires that we provide you with notice that your medical information may be subject to electronic disclosure. That is, we may use and disclose your medical information electronic medical record with our offices, and another provider who is involved in your treatment requests a copy of your medical records, we may forward such records electronically.

2. How we use and disclose your information to collect payment: We use and disclose your medical information so that we can obtain payment for health care services that we provide to you.

How we use and disclose your information for business operations: We may call or leave a message for you about your appointment or to remind you of any special preparations you need to follow before your exam. TMM may use your health information to evaluate the quality of medical care provided by one or more of our Provider partners. Quality assurance helps us improve the services you receive. We may contract with independent business associates, external auditors, or private consultants to help us assess the quality and effectiveness of our services. We may use or disclose your information for internal educational purposes.
Ways we are required by law to disclose your information: We may disclose your health information without your authorization when required to do so by federal, state, or local law. As examples, we are required to do the following: report cases of suspected contagious disease and suspected child, elder, and spousal abuse; respond to court orders; comply with laws relating to workers compensation or other similar programs established by law; report incidents related to adverse reactions to medication, medical devices, or products to the Food and Drug Administration; and comply by law with health oversight or law enforcement agencies.

# YOUR INDIVIDUAL RIGHTS

You have the right to:

• Look at and ask for a copy of your health information as provided by law. TMM is allowed to and may charge a reasonable fee for making copies.

• Request that TMM contact you by alternate means, address, or telephone number to protect the privacy of confidential communications about your health care.

• Request that TMM amend your health record, if you believe that your information is not correct or that your medical record is not complete. We will notify you if we are unable to honor your request.

• Request that TMM restrict certain uses and disclosures of your information, unless the use or disclosure is otherwise permitted or required by law. TMM is not required to agree to your request unless you are asking TMM to restrict the use and disclosure of your information to a health plan for payment or health care operation purposes and the information you wish to restrict pertains solely to a health care item or service for which you have paid TMM in full.

• Receive an accounting of certain disclosures of your health information as provided by law.

• Ask for a paper copy of this privacy notice.

• If you sign an authorization allowing TMM to disclose your health information for reasons other than treatment, payment, or healthcare operations, you can revoke your authorization at any time, except to the extent that TMM has taken action in reliance on it. You must revoke your authorization in writing to stop any future uses and disclosures.

#### PLEASE SUBMIT YOUR REQUEST IN WRITING

TMM will consider your written request. However, we may not be able to honor your request if prevented by law. If a request cannot be honored, we will notify you in writing.

How Long We Keep Your Medical Information

TMM maintains medical records for the period of time required by law. Copies of applicable record retention policies are available upon request.

#### OUR RIGHT TO CHANGE OUR PRIVACY NOTICE

We may make changes to this notice at any time. Changes may result in additional uses or disclosures of your health information not previously authorized by you or mentioned in this notice. You may request a copy of the current TMM privacy notice by sending a written request to the TMM address provided at the end of this notice. This notice supersedes all previous privacy notices.

### OUR LEGAL DUTY

We are required by state and federal law to protect the privacy of your health information, to provide you with a copy of this notice at your request, and to follow the terms stated in this notice. TMM is required to notify you of certain unauthorized access, acquisition, or use of your medical information. TMM maintains a website at <u>www.texasmedicalmanagement.com</u> that provides a link to a printable form of this notice and an email link to our Privacy Officer. Our website offers a range of patient information and online services for your convenience. Except as described in this notice or otherwise permitted by law, TMM will not use or disclose your health information without your written authorization. Independent healthcare providers who access our electronic archive and our external business associates are also required by law to protect the confidentiality of your health information.

#### QUESTIONS AND COMPLAINTS

If you have any privacy related questions, are concerned that TMM has violated your privacy rights, or if you disagree with a decision that was made about access to your medical information, you may contact our Privacy Officer in writing, by phone, by email, or by regular mail.

**Texas Medical Management / Attention:** Privacy Officer 1001 S Mays St #205 Round Rock, TX 78664 Phone: (512) 967-6238 Email: privacy@texasmedicalmanagement.com

#### To file a complaint with the Office for Civil Rights:

Office for Civil Rights U.S. Department of Health & Human Services 1301 Young Street, Suite 1169, Dallas, Texas 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 Fax

Filing a complaint will not affect the treatment or services you receive from us.