

Village Physicians
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 THIS NOTICE CAREFULLY.

Our Responsibilities

We are required by law to maintain the privacy of your health care information or Protected Health Information (PHI). We must notify you of a breach of unsecured PHI or of a compromise of the security of your health information.

This notice is required by law. We must follow the duties and privacy practices described herein. We will not use or share your health information except as described in this notice or if you tell us in writing that we can. You may revoke such authorization at any time by sending us written notice. Upon revocation of your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization.

This notice applies to all health care records, including photographs, films, or screenshots contained in the records, created by and received at Village Physicians and tells you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

This notice applies to Village Physicians employees, contractors, and business associates including physicians, other medical staff, and support staff.

Uses and Disclosures

Except as listed below, we will not use or disclose your health information without your written authorization.

1. Typical Use and Disclosure of Your Health Information.

- a. **Treatment.** Your health information may be used to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other Village Physicians personnel. We can use your health information and share it with other professionals who may be treating you. For example, your physician may ask a pharmacist or referring physician about your current medications and/or care in order to treat you.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

Village Physicians
Notice of Privacy Practices

- b. **Payment.** We can use and disclose your health information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.
 - c. **Health Care Operations.** We can use and share your health information to run our practice, improve your care, train future health care professionals and contact you when necessary. For example, we use health information about you to manage your treatment and provide quality healthcare services.
2. **Business Associates.** We may disclose your health information to our business associates who provide services to us to help us carry out our treatment, payment or health care operations. For example, we may disclose your information to a consultant who is helping us improve patient care.
3. **Other Cases.**

 - a. **Fundraising.** We may contact you to raise funds for the facility; however, you have the right to elect not to receive such communications.
 - b. **Reminders and Future Communications.** We may remind you that you have an appointment for medical care. We may also communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease management programs, wellness programs, research projects, or other community based initiative or activities.
 - c. **Individuals involved in your care.** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of, a family member, your personal representative, or another person responsible for your care.
 - d. **Public Health and Safety Issues.** We can share your health information for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting births or deaths or suspected abuse, neglect or domestic violence; and preventing or reducing a serious threat to anyone's health, which may include notifying a person who may have been exposed to, or be at risk for, contracting or spreading a disease or condition to protect the public health.
 - e. **Conducting Research.** We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy and subject to a special approval process.

Village Physicians
Notice of Privacy Practices

- f. **Health Information Exchange/Regional Health Information Organization.** Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records, decreasing the time needed to access your information, aggregating and comparing your information for quality improvement purpose, and such other purposes as may be permitted by law.

- g. **Required by Law.** In certain cases, we will be required by state or federal laws to disclose your health information.

- h. **Permitted by Law.** We may use and disclose health information for the following types of entities, including but not limited to:
 - i. Food and Drug Administration;
 - ii. Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability;
 - iii. Correctional institutions;
 - iv. Workers Compensation Agents;
 - v. Organ and Tissue Donation Organizations;
 - vi. Military Command Authorities;
 - vii. Health Oversight Agencies;
 - viii. Funeral Directors, Medical Examiners and Coroners;
 - ix. National Security and Intelligence Agencies;
 - x. Protective Services for the President and Others;
 - xi. A person or persons able to prevent or lessen a serious threat to health or safety; and
 - xii. Law enforcement agencies and/or officials for purposes such as providing limited information to locate a missing person or report a crime.

- i. **Lawsuits, Legal Actions and Administrative Proceedings.** We can share your health information in response to a court or administrative order, or in response to a subpoena or discovery request.

We will not disclose or provide any information about any substance abuse treatment, genetic testing, HIV/AIDS status or mental health treatment unless you provide specific written authorization or we are otherwise required by law to disclose or provide the information.

Village Physicians
Notice of Privacy Practices

Your Rights

1. **Inspect and Copy.** You have the right to inspect and obtain a copy, electronic or paper, of your health information maintained by Village Physicians. We may charge a reasonable fee for the provision of medical records and health information. We may deny your request in certain limited circumstances; in such cases, we will notify you in writing and you may request that the denial be reviewed. Another licensed health care professional chosen by Village Physicians will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
2. **Amending Health Information.** You may ask us to amend your health information in the case you believe that the health information maintained by Village Physicians is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for Village Physicians. Any request for an amendment must be sent in writing. We may deny your request for an amendment. If a denial occurs, you will be notified of the reason for the denial.
3. **Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of certain disclosure we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.
4. **Restricting Disclosure.** You can ask us not to use or share certain health information for treatment, payment or health care operations. You also have the right to request a limit 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. Any request to restrict the use or disclosure of your health information must be received in writing. We are required to agree to your request only if (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and (2) your information pertains solely to health care services for which you have paid in full. For all other requests, we are not required to agree. In most cases, we will comply unless the information is needed to provide emergency treatment
5. **Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, such as requesting that we use a home or office phone number or sending mail to a particular address. We will comply with all reasonable requests.
6. **Copy of this Notice.** You may request a paper copy of this notice at any time.
7. **Authorized Representative.** If someone has been given authority to act on your behalf, either through medical power of attorney or if he/she is your legal guardian with authority under state law, that person can exercise your rights and make choices about your health

Village Physicians
Notice of Privacy Practices

information when you are not capable of doing so. We will ensure that the person has the proper authority and can act for you before we take any action.

8. **Your Choices.** We can share your information as described below but you may tell us if you have a preference on how we share your information in these situations.
 - a. We are able to share information with your family, close friends or others involved in your care.
 - b. We are able to share information about you in a disaster relief situation for identity and location purposes.
 - c. We can provide you with appointment reminders.
9. We will never share your information for the purposes of marketing or the sale of your health information unless you give us written authorization.

Complaints

If you believe your privacy rights have been violated, you may file a complaint, in writing, with Village Physicians. You may also file a complaint with the Secretary of the Department of Health and Human Services. More information on filing a complaint with the Secretary can be obtained by contacting: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

Changes to this Notice

We reserve the right to change this notice. The revised or changed notice will be effective for all health information we already have about you as well as any information received and maintained in the future. The new notice will be available upon request.

Telemedicine

This Notice details Village Physicians' Privacy Policies regarding all health care services offered by Village Physicians, including those offered via telemedicine. The same requirements for patient privacy and confidentiality, detailed in federal and state law, that apply to in-person visits apply to visits conducted via telemedicine. Village Physicians have worked to ensure that the technology used to conduct telemedicine visits meets the requirements of federal and state law. In particular, the technology used offers fully encrypted data transmission and peer-to-peer secure network connections and does not store video.

The area used by Village Physicians to communicate with patients via telemedicine is private and only those involved in your care will be present during any telemedicine visit. Village Physicians cannot provide for privacy and confidentiality at your location during telemedicine visits. It is

Village Physicians
Notice of Privacy Practices

possible that others may overhear parts of your telemedicine visit with Village Physicians if you choose to partake in the visit in a public or non-private location. Therefore, Village Physicians request that you only partake in telemedicine visits in a location that is private and at which only you and others whom you choose to participate in your health care can communicate with Village Physicians.

Contact

If you have any questions or concerns about the privacy of your health information, please contact Village Physicians at 9090 Gaylord Drive, Suite 200 Houston, Texas 77024, Telephone +1 (832) 930-7877, email villagephysicians@gmail.com.

THIS NOTICE IS EFFECTIVE 01/01/18.