Notice of Privacy Practices

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

PLEASE REVIEW IT CAREFULLY.

Purpose: Shavano Park Facial Surgery and its staff, physicians, students, residents, employees, and non-employees follow the privacy practices described in this Notice. Shavano Park Facial Surgery maintains your health information in records that are kept in a confidential manner, as required by law. Shavano Park Facial Surgery must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations: Shavano Park Facial Surgery has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make a diagnosis. Shavano Park Facial Surgery may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Shavano Park Facial Surgery may use and disclose your health information to improve the quality of care, and for education and training purposes of Shavano Park Facial Surgery staff, physicians, students, residents, and temporary employees.

How Will Shavano Park Facial Surgery Use and Disclose My Health Information? Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).

- Family members or close friends involved in your care or payment for treatment. (*)
- Disaster relief agency if you are involved in a disaster relief effort. (*)
- To inform you of treatment alternatives or benefits or services related to your health. (*)
- Appointment reminders.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
• Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
• Coroners, medical examiners, and funeral directors.
• Organ and tissue donation.
• Certain research projects, which requires a special approval process by Shavano Park Facial Surgery.
• To prevent a serious threat to health or safety.
• To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
• National security and intelligence activities to authorized persons to conduct special investigations.
• Workers’ Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
• To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information, unless you allow Shavano Park Facial Surgery in writing to do so. For example, we will not use your photographs for presentations outside Shavano Park Facial Surgery without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. Shavano Park Facial Surgery will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient’s substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

You Have Rights Regarding Your Health Information. You have the following rights regarding your medical information, if requested on the form(s) provided by Shavano Park Facial Surgery:

Right to request restriction. You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.

• Right to confidential communications. You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.

• Right to inspect and copy. You have the right to review and obtain a copy of your medical or health record. Psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Shavano Park Facial Surgery. Shavano Park Facial Surgery will comply with the outcome of the review.
• **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Shavano Park Facial Surgery. Shavano Park Facial Surgery is not required to accept the amendment.

• **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment, or operations within the past six (6) years for paper health records, and for electronic health records you may request three (3) years, including disclosures for treatment, payment, or operations. After the first request, there may be a charge.

• **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. An electronic copy may be emailed to you at your request.

• **Requirements Regarding This Notice.** Shavano Park Facial Surgery is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Shavano Park Facial Surgery may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future. Each time you register at Shavano Park Facial Surgery Center for health services, you may receive a copy of the Notice in effect at the time.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with:

- Shavano Park Facial Surgery’s Privacy Officer
  - Trish Buentello, RDA
  - 3519 Paesanos Pkwy Ste 102
  - San Antonio, TX 78231-1266
  - (210) 444-9312

- Office of Civil Rights
  - U.S. Department of Health and Human Services
  - 200 Independence Avenue, S.W.
  - Room 509 F, HHH Building
  - Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to the Privacy Officer at Shavano Park Facial Surgery or to the Department of Health and Human Services.

**Contact Shavano Park Facial Surgery Privacy Officer at (210) 444-9312 if:**

• You have any questions about this Notice;
• You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
• You wish to obtain a form to exercise your individual rights.