



ATKINSON-WOMACK FAMILY CARE

NOTICE OF PRIVACY PRACTICES

Effective Date: March 31, 2024

This Notice of Privacy Practices will tell you about the ways in which Atkinson-Womack Family Care protects, uses and discloses your protected health information ("PHI"); describes your rights and how to access your health information; and outlines our responsibilities regarding the use and disclosure of PHI. Please review it carefully. If you have any questions about this Privacy Notice, or need additional information, please contact our Privacy Officer, Dorothy Walters 4510 Medical Center Drive Suite 206 McKinney, Texas 75069 (469) 631-0022.

"PHI" refers to any information, transmitted or maintained in any form or medium, which we create or receive relating to your physical or mental health, the delivery of or payment for health care services provided to you, and which identifies you or could be used to identify you. We maintain your PHI in records created or provided to us. This Notice applies to all records created, received or maintained by us. We are legally required to: provide you this Notice of our legal responsibilities and privacy practices regarding your PHI, ensure that PHI is kept confidential; and comply with the effective terms of this Notice. Ways that we may use and disclose your PHI are further detailed in the following examples:

Treatment, Payment, or Health Care Operations

Treatment Purposes: We may use your PHI to provide, manage, and coordinate health care treatment and services. For example, we may disclose your PHI our staff, referred doctors, nurses, hospitals, and other health care providers involved in your care. For example, your PHI may be provided to a specialist to whom you have been referred to ensure that the provider has applicable information about your previous diagnoses and treatments.

Payment Purposes: We may use and disclose your PHI so that the services you receive from us may be billed to and payment collected from you, your insurance, or a third-party payer. For example, we may need to give your insurance information about the services or items you received from us so that your insurance company will pay us or reimburse you for these services or items. We may need to contact the company or insurer that will be paying for your healthcare services to determine benefit eligibility and if you are responsible for paying any portion of the cost such as a co-payment or deductible. We may also disclose your PHI to obtain payment from third parties, such as family members or other health entities, that may be responsible for such costs.

Health Care Operations: We may use or disclose your PHI to operate our business. Examples include: quality assessment and improvement; provider qualifications and performance review; staff/student training; certification or licensing; and general business management.

Business Associates: There are some services provided at AWFC through contracts with business associates in which PHI is disclosed. For example, we may use a third party for document destruction, billing and collections, and software support. Business associates are required by federal law to protect your health information.

Other Uses and Disclosures of PHI:

Additional ways your PHI can be used or disclosed are listed below. This list is not exhaustive.

Persons Involved in Your Care or Payment for Your Care: In certain situations, we may release PHI about you to a friend or family-member who is involved in your medical care or who helps to pay for your care with your consent. For example, a parent may ask another family member, friend, or babysitter to take their child to be seen for a sore throat. If that person brings a letter stating consent from the parent, then they would have access to the child's medical information. You may provide consent for any person to have access to your PHI. You can also restrict access to any person if desired. Except in special cases, parents have access to the medical information regarding a child. Students and other trainees may also access your PHI as part of their training and educational activities.

Marketing Purposes: We may use your PHI to contact you about appointment and refill reminders, to communicate about your current prescriptions and health related services or products covered by your plan, or treatment alternatives for your care.

As Required by Law: We may use and disclose PHI about you when required to do so by federal, state or local law. We may disclose PHI about you in response to a court or administrative order, subpoena, discovery request, warrant, or other lawful proceeding. Additional examples include reporting suspected abuse and/or neglect, domestic violence, and certain physical injuries.

Public Health Risks/Serious Threats to Health and Safety: We may disclose PHI about you for public health purposes, including disease control and prevention, or, when required by law, to notify public authorities concerning cases of abuse or neglect. We may disclose necessary information about you to law enforcement, family members, or others if we believe, in good faith, that you may present a serious danger to yourself or others.

Coroners and Medical Examiners: We may release PHI about you to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also disclose your PHI to family members, persons involved in your care or responsible for payment of your care prior to your death unless this conflicts with your prior expressed consent as known to us.

Military, National Security, Incarceration, Law Enforcement Custody: We may be required to release your PHI to proper authorities in cases of military, national security or intelligence activities or if you are in the custody of law enforcement officials.

Immunization Records: We may send proof of immunization directly to a school without written authorization upon the consent by a parent, guardian, emancipated minor, or you (as an adult patient).

Notification/Disaster Relief Purposes:

In certain situations, we may share your health information with federal, state, or local disaster relief agencies so that your family can be notified about your condition, status and location. You have the right to object to such disclosure, unless you are unable to function or there is an emergency.

Workers' Compensation: We may release PHI about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Health-Related Benefits and Services: We may use and disclose PHI about you to tell you about health-related benefits or services that may be of interest to you.

State and Federal Requirements: Some state and federal laws provide additional privacy protection of your PHI including:

1. *Sensitive Information.* Some types of health information are considered especially sensitive, and the law, with limited exceptions' may require us to obtain your written permission to use or disclose that information. Examples include information dealing with genetics, HIV/AIDS, mental health, sexual assault and alcohol and substance abuse.
2. *Disciplinary Proceedings.* State law may require your written permission if certain PHI is to be used in review or disciplinary proceedings by state health oversight boards including investigations, audits, or surveys.
3. *Certain Litigation Proceedings.* State law may require your written permission for us to disclose information if you are involved in a lawsuit or similar proceeding.
4. *State Registries.* We may release your PHI to public health authorities who are lawfully authorized to collect such information. For example, vital statistics such as regarding birth or death. Some laws require your written permission to disclose PHI to certain state-sponsored registries.

When Your Written Permission is Required:

Except for the types of situations previously listed in the Notice, we must obtain your written permission (authorization) for any other uses and/or disclosures of your PHI. For any future uses and disclosures, you have the

right to revoke this authorization in writing, however, it will not stop any uses or disclosures made before you revoked your authorization.

An authorization is required for the sale of your health information or for marketing purposes and for most uses and disclosures of psychotherapy notes. If you provide us authorization to use or release health information about you, you may cancel (revoke) that authorization in writing at any time. Any authorization you sign may be cancelled (revoked) by following the instructions described on the authorization form.

With a few exceptions, you have the right to review and receive a copy of your health information and claims records. We must obtain an authorization for any use or disclosure of psychotherapy notes except in the following circumstances: (1) Used or disclosed by us for treatment. (B) Used or disclosed by us for our own training of students, staff or practitioners in mental health under supervision (C) Used or disclosed by us to defend ourselves in a legal action or other proceeding brought by you.

An authorization for any use or disclosure of PHI for marketing is required, except when the communication is in the form of face-to-face communication made by us to you or is a promotional gift of nominal value provided by us.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

Right To Request Confidential Communications: You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we contact you at home rather than at work. Please indicate this request on the consent form. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Request Restrictions on Use or Disclosure: You have the right to request a restriction in our use or disclosure of your PHI. You have the right to request that we restrict disclosures to only certain individuals involved in your care or the payment for your care. We are not required to agree to your request; however, if we do agree, we will comply with your request unless the information is needed to provide you emergency health care treatment or the PHI pertains solely to a health care item or service for which you or a person other than a health plan on your behalf has paid us in full. We cannot restrict disclosures required by law or requested by the federal government to determine if we are meeting our privacy protection obligations. To request restrictions, you must make your request in writing to our Privacy Officer. Your request must specify (1) the information you wish to restrict (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (e.g., disclosures to your spouse). We may terminate our agreement to the restriction if you orally agree to the termination and it is documented, you request the termination in writing, or we inform you that we are terminating our agreement with respect to any information created or received after receipt of our notice. We will document the restriction and maintain it in written or electronic form for a period of at least 6 years from the date of its creation of the day when it was last in effect, whichever is later.

Inspection and Copy: You have the right to inspect and copy your PHI that we maintain. Generally, this information includes health care and billing records. You have the right to obtain electronic copies of your PHI. You do not have a right of access to psychotherapy notes or information prepared in anticipation of or for use in, a civil, criminal, or administrative action. To inspect and/or obtain copies of your PHI that we maintain you must submit your request in writing to our Privacy Officer, at the address listed on the first page of this Notice. We may charge a fee for the costs of copying, mailing or other expenses associated with complying with your request consistent with federal and state law. We may deny your request to inspect and copy your PHI in limited circumstances. If you are denied access to PHI other than for a reason stated above, you will receive a written denial. You may request that the denial be reviewed. In such case, another healthcare professional chosen by us will conduct the review. You may request that we transmit a copy of your PHI to another person. To do so you must request this in writing, sign the request, and clearly identify the designated person and where to send the copy of the PHI.

Right To Amend: You may ask us to amend the PHI we have about you for as long as the information is kept by our practice. To request an amendment to your PHI, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. Our practice will deny your request if you fail to submit the request and reasons for supporting the request in writing. If we deny your request, we will provide you with a written denial. We are not required to agree to your request if you ask us to amend PHI that, in our opinion; (A) is accurate and complete; (B) was not created by us, unless the individual or entity that created the

information is no longer available to amend the information; (C) is not part of the PHI kept by or for our practice; or (D) is not part of the PHI which you would be permitted to inspect and copy.

Changes to this Notice: We reserve the right to change the privacy practices described in this Notice and to make the revisions applicable to PHI we already have about you as well as any future information that we receive. The revised Notice will contain the effective date on the first page.

Right To a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. You will not be penalized or retaliated against for filing a complaint.

Right To an Accounting of Disclosures: You have the right to request an accounting of our disclosures. This is a list of certain "non-routine" disclosures our practice has made of your PHI for purposes not related to treatment, payment, or operations. We do not have to list certain disclosures, such as use of your PHI as part of routine care or for certain law enforcement purposes. For example, the provider sharing information with medical assistants or our billing department using your information to file a claim for services provided to you by our practice. All requests for accounting of disclosures must be submitted in writing to our Privacy Officer and must state a time period, which may not be longer than six (6) years or include dates before April 1, 2024. Your request should also specify the format of the list you prefer (i.e., on paper or electronically). Our practice may charge you for costs involved in these requests and you may withdraw the request at any time.