



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE IS REQUIRED BY LAW AND DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Elite Healthcare, LLC (“we,” “our” or “us”) is dedicated to providing service with respect for your personal information. Protecting your privacy and healthcare information is fundamental in the course of our relationship.

This Notice tells you about the ways we may collect, store, use and disclose your protected health information and your rights concerning your protected health information. “Protected health information” is information about you that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for care.

Federal and state laws require us to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is still in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

### **Uses and Disclosures of Your Protected Health Information**

We may use and disclose your protected health information for different purposes. The examples below are illustrations of the different types of uses and disclosures that we may make without obtaining your authorization.

- **Treatment.** We may use and disclose your protected health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose protected health information to doctors, nurses, physician assistants, medical and naturopathic assistants, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Payment.** We may use and disclose protected health information so that we may bill and receive payment from you for the treatment and services you received.
- **Health Care Operations.** We may use and disclose your protected health information in order to perform various operational activities.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose protected health information to contact you and to remind you that you have an appointment with us. We also may use and disclose protected health information to tell you about treatment alternatives or health-related services that may be of interest to you. We will not, however, send you communications about health-related or non-health-related products or services that are subsidized by a third party without your authorization.

### **Other Permitted or Required Disclosures**

- **As Required by Law.** We must disclose protected health information about you when required to do so by law.
- **Public Health Activities.** We may disclose your protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your protected health information to government agencies about abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose protected health information to government oversight agencies (e.g. state insurance departments) for activities authorized by law.
- **Business Associates.** We may disclose protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing and management services on our behalf. All of our business associates are obligated to protect the privacy of your



information and are not allowed to use or disclose any information other than as specified in our contract.

- **Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **To Avert a Serious Threat to Health or Safety.** We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers' Compensation.** We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

**Other Uses or Disclosures With an Authorization:** Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information.

#### **Your Rights Regarding your Protected Health Information**

You may have certain rights regarding protected health information that we maintain about you.

- **Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Your request to review and/or obtain a copy of your protected health information must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- **Right to Amend Your Protected Health Information.** If you feel that your protected health information maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request, if for example, you ask us to amend information that we did not create, or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting.
- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. *We may not agree to your request.* If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right to Receive 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. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to us. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.



- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.

**As required by Texas law, patient records will be kept for a period of at least seven (7) years after the date of the patient's last visit.**

**Health Information Security:** Elite Healthcare, LLC maintains physical, administrative and technical security measures to safeguard your protected health information and requires any staff to follow such security policies and procedures as well as limits access to health information about patients to those individuals who need it to perform their job responsibilities.

**Changes to This Notice:** We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any other information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. Any time we make a material change to this Notice, the new Notice will contain the new effective date.

You may always obtain a copy of our current Notice by any of the following means:

1. We will post a copy of our current Notice at our office location and website at [www.elite-hc.com](http://www.elite-hc.com)
2. Contacting us by email or by phone.
3. Asking for a copy at the time of your next appointment.

**Complaints:** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with us by contacting the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

We support your right to protect the privacy of your protected health information. ***We will not retaliate against you or penalize you for filing a complaint.***

If you have any questions or complaints, please contact:

Kathryn Anderson and/or Casey Jamison

Phone (940) 365-7033

[admin@elite-hc.com](mailto:admin@elite-hc.com)

Effective November 1, 2021