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NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

1. We have a legal, ethical, and moral obligation to protect your confidentiality. Any information about you and/or your family will be held strictly confidential by all employees. No discussions about you outside of the patient care framework will be allowed, and any conversation between staff members that pertains to delivering you quality care will be held in a confidential and professional manner.
2. In order to provide quality care to you, as well as operate this office in an efficient manner, we will need to access your private health care information for purposes of treatment, payment and operations [such as quality assurance]. In using this information this office will comply with all state and federal laws pertaining to your privacy rights, including the Privacy and Security protections provided to you by the Health Insurance Portability and Accountability Act [HIPAA].
3. Specifically, we will need to disclose your private information under the following circumstances:
 - a) **Sharing Information for Purpose of Treatment:** We will share information with all members of your treatment team, both within this office and with other providers [personal and institutional] in order to provide you with quality care and the educational/wellness program specified in your insurance plan.
 - b) **Sharing Information for Purpose of Payment:** We will share all necessary information with your insurer[s], payer[s], governmental entities [such as Medicare, etc.] and their representatives [including, but not limited to benefit determination and utilization review] as well as our representatives involved in the billing process [including, but not limited to claims representatives, data warehouses, and billing companies].
 - c) **Sharing of Information for Purpose of Operations:** We will share all information necessary for ongoing operations of this office, including [but not limited to] credentialing processes, peer review, accreditations and compliance with all federal and state laws.
4. Your consent for use and disclosure of information as described may be revoked in writing at anytime. Please notify the office/Privacy Office if you ever decide to revoke your consent.
5. Your specific authorization will be required for release of information not included above. Your authorization will need to be in writing and it will be specific to the disclosure requested. Incidences which may require authorization under the HIPAA regulations include [but are not limited to] some marketing purposes, the disclosure of any psychotherapy records in our possession and disclosure for fundraising by any entity.
6. Your consent will give us authorization to fax or leave messages on your answering machine/service, regarding appointment reminder calls, test results, or other messages relating to your care in this office. It will also give us authorization to send letters reminding you to schedule an appointment.
7. This office will not release any information other than those incidents described above, unless disclosure is required by law, a court, a legal process or government agencies.

Please contact the Privacy Officer if you have any questions regarding this policy or how our office will use your Individual Identifiable Health Information [IIHI]. [Mary Beth McAllister at (210) 490-2051, 14615 San Pedro Suite 250, One Medical Park Building San Antonio, Texas 78232 or Bexar County Medical Society at (210) 301-4391, 202 W. French Plc. San Antonio, Texas 78212].

NOTICE OF PATIENT RIGHTS

This form is meant to inform you, the patient, as well as your family that you have rights and responsibilities while undergoing medical care. If there are any questions regarding the contents of this form please notify any staff member.

Access to Care

Patients shall be provided impartial access to treatment or accommodations as to their requests and needs for treatment or service that are within this practice's capacity, availability, stated mission, and applicable law and regulation. This is regardless of race, creed, sex, national origin, religion, disability/handicap or source of payment of care/services.

Respect and Dignity

Every patient, whether adult, adolescent, or newborn, has the right to considerate, respectful care/services at all times and under all circumstances, with recognition of his or her personal dignity and his or her psychosocial, spiritual, and cultural variables that influence the perceptions of illness.

Privacy and Confidentiality

The patient or his or her parent or legally designated representative has the right, within the law, to personal and informational privacy, as manifested by the right to:

- Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- Be interviewed and examined in surroundings designed to assure reasonable audiovisual privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or during a procedure performed by a health professional of the opposite sex. This also includes the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- Except that any discussion or consultation involving the patient's case – whether he or she is an adult, adolescent, or newborn – will be conducted discreetly, and that individuals not directly involved in care/services will not be present without the patient's permission.
- Have the right to review his or her medical records and have the information explained, except when restricted by law.
- Have the medical records read only by individuals directly involved in the treatment or the monitoring of its quality and by other individuals only on the patient's or his or her parent or legal designated representative's written authorization. When the records are released to insurers, that confidentiality is emphasized.
- Expect all communications and other records pertaining to care/services of the individual, including the source of payment for treatment, to be treated as confidential.
- Request a transfer to another treatment room if another patient or visitor is unreasonably disturbing him

Personal Safety

The patient, whether adult, adolescent or newborn, has the right to expect reasonable safety insofar as the clinic practices and environment are concerned.

Identity

The patient or his or her parent or legally designated representative has the right to know the identity and professional status of individuals providing service to the patient, and to know which physician or other practitioner is primarily responsible for his or her care/services. This includes the right to know of the existence of any professional relationship among individuals who are treating him or her, as well as the relationship of the practice to any other health care/services or educational institution involved in his or her care/services. Participation by patients in clinical training programs or research should be voluntary.

Information

The patient or his or her parent or legally designated representative has the right to obtain from the practitioner responsible for coordination of his or her care/services complete and current information concerning his or her diagnosis (to the degree known), treatment and any known prognosis. This information should be communicated in terms the patient or his or her parent or legal designated representative can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

Communication

The patient or his or her parent or legally designated representative has the right of access to people outside the clinic by means of visitors and by verbal and written communication. When the patient or his or her parent or legally designated representative does not speak or understand the predominant language of the community, he or she should have access to an interpreter. This is particularly true where language barriers are a continuing problem.

Consent

The patient or his or her parent or legally designated representative has the right to the information necessary to enable him or her, in collaboration with the health care practitioner, to make treatment decisions involving his or health care/services.

- To the degree possible, this should be based on a clear, concise explanation of his or her condition and of all proposed technical side effects.
- The patient should not be subjected to any procedure without voluntary, competent, and understanding consent by the individual or by his or her parent or legal designated representative. Where a medically significant need for care/services or treatment exists, the patient or his or her parent or legal designated representative shall be so informed.
- The patient or his or her parent or legally designated representative has the right to know who is responsible for authorizing and performing the procedures or treatment.

Consultation

The patients or his or her parent or legally designated representative has the right to accept medical care/services or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal. When refusal of treatment by the patient or his or her parent or legal designated representative prevents the provision of appropriate care/services in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

Transfer and Continuity of Care

A patient has the right to expect that the clinic/facility will give necessary health services to the best of its ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, the patient will be informed of risks, benefits and alternatives. The patient will not be transferred until the other institution agrees to accept such patient.

Charges

Regardless of the source of payment for the individual's care/services, the patient or his or her parent or legal designated representative has the right to request and receive an itemized and detailed explanation of his or her total bill for services rendered in the clinic. The patient has the right to timely notice prior to termination of his or her eligibility for reimbursement by any third-party payer for the cost of his or her care/services

Rules and Regulations

The patient or his or her parent or legally designated representative should be informed of the clinic rules and regulations applicable to his or her conduct as a patient. Patients are entitled to information about the mechanism for the initiation, review and resolution of patient complaints.

Delineation of Patient's Rights

The rights of the patient may be delineated on behalf of the patient, to the extent permitted by law, to the patient's guardian, next of kin or legally authorized responsible person if the patient:

- Has been adjudicated incompetent in accordance with the law
- Is found to be medically incapable of understanding the proposed treatment or procedure
- Is unable to communicate his or her wishes regarding treatment
- Is a minor

NOTICE OF PATIENT RESPONSIBILITIES

This form is meant to inform you, the patient, as well as your family that in addition to rights, you have responsibilities while undergoing medical care. If there are any questions regarding the contents of this forms please notify any staff member.

Keep Your Health Care Providers Accurately Informed

You (or your parent or legally designated representative) have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health, including unexpected changes in your condition.

Follow Your Treatment Plan

You (or your parent or legally designated representative) are responsible for following the treatment plan recommended by the physician. This may include following the instructions of health care personnel as they carry out the coordinated plan of care/services and implement the physician's orders and as they enforce the applicable practice rules and regulations.

Keep Your Appointments

You (or your parent or legally designated representative) are responsible for keeping appointments and, when unable to do so for any reason, for notifying this practice.

Be Responsible for any Decision You Make Not to Follow Your Treatment Plan

You (or your parent or legally designated representative) are responsible for your actions if the physician's instructions are not followed. If you cannot follow through with the prescribed treatment plan, you are responsible for informing the physician.

Be Responsible For Your Financial Obligations

You (or your parent or legally designated representative) are responsible for assuring that the financial obligations of health care/services are fulfilled as promptly as possible, and for providing information for insurance.

Comply with Rules of this Facility Regarding Patient Care and Conduct of our Visitors

You (or your parent or legally designated representative) are responsible for following practice rules and regulations affecting patient care/services and conduct.

Be Considerate of Others

You (or your parent or legally designated representative) are responsible for being considerate of the rights of other patients and personnel, and for assisting in the control of noise, smoking and the number of visitors. You are also responsible for being respectful of the practice property as well as property of other persons visiting the practice.

Be Responsible for Your Own Lifestyle Choices

Your health depends not just on your care/services but in the long term, on the decisions you make in daily life. You are responsible for recognizing the effect of lifestyle of your personal life.