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NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW IT CAREFULLY

THIS NOTICE OF PRIVACY PRACTICES (the "Notice") TELLS YOU ABOUT THE WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION ("medical information") AND YOUR RIGHTS AND OUR OBLIGATIONS REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION. THIS NOTICE APPLIES TO ROSA C. GONZALEZ MD PA , INCLUDING ITS PROVIDERS AND EMPLOYEES (the "Practice").

This notice takes effect on **JANUARY 1, 2023 and remains in effect until we replace it.**

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with the quality care and to comply with certain legal requirements.

2. OUR LEGAL DUTY

Our Obligations:

1. Maintain the privacy of your medical information to the extent required by state and federal law.
2. Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
3. Notify affected individuals following a breach of unsecured medical information under federal law.
4. Follow the terms of the version of this Notice that is currently in effect.

We Have The Right To:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by state and federal law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will amend this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following categories describe the different reasons that we typically use and disclose medical information. These categories are intended to be general descriptions only, and not a list of every instance in which we may use or disclose your medical information. Please understand that for these categories, the law generally does not require us to obtain your authorization in order for us to use or disclose your medical information. ***We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.***

[A.] For Treatment

We may use and disclose medical information about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may disclose medical information about you to physicians, nurses and other healthcare providers and personnel who are providing or involved in providing health care to you (both within and outside of the Practice). For example, should your care require referral to or treatment by another physician or therapist of a specialty outside of the Practice, we may provide that physician or therapist with your medical information in order to aid the physician or therapist in his or her treatment of you.

[B.] For Payment

We may use and disclose your medical information for payment purposes. We may also disclose medical information to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

[C.] For Health Care Operations

We may use and disclose your medical information for our health care operations. These uses and disclosures are necessary to operate and manage our practice and to promote quality care. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes. These categories are intended to be general descriptions only, and not a list of every instance in which we may use or disclose your medical information. Please understand that for these categories, the law generally does not require us to obtain your authorization in order for us to use or disclose your medical information.

[D.] Quality Assurance

We may need to use or disclose your medical information for our internal processes to assess and facilitate the provision of quality care to our patients.

[E.] Utilization Review

We may need to use or disclose your medical information to perform a review of the services we provide in order to evaluate whether that the appropriate level of services is received, depending on condition and diagnosis.

[F.] Credentialing and Peer Review

We may need to use or disclose your medical information in order for us to review the credentials, qualifications and actions of our health care providers.

[G.] Treatment Alternatives

We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

[H.] Appointment Reminders and Health Related Benefits and Services

We may use and disclose your medical information in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine, voicemail or sending an email reminder) to provide appointment reminders and other information. We may also use and disclose your medical information in order to send you appointment and payment receipts through email. Furthermore, we may also use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you.

[I.] Business Associates

There are some services (such as billing, legal or IT services) that may be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

[J.] Individuals Involved in Your Care or Payment for Your Care

We may disclose medical information about you to a family member or a friend who is involved in your health care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

[K.] As Required By Law

We will disclose medical information about you when required to do so by federal, state, or local law or regulations.

[L.] To Avert an Imminent Threat of Injury to Health or Safety

We may also use and disclose your medical information when necessary to prevent or decrease a serious or imminent threat of injury to your physical, mental, or emotional health or safety or the physical safety of another person. Such disclosure would only be to medical or law enforcement personnel.

[M.] Organ and Tissue Donation

If you are an organ donor, we may use and disclose medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

[N.] Research

We may use or disclose your medical information for research purposes in certain situations. Texas law permits us to disclose your medical information without your written authorization to qualified personnel for research, but the personnel may not directly or indirectly identify a patient in any report of the research or otherwise disclose identity in any manner. Additionally, a special approval process will be used for research purposes, when required by state or federal law. For example, we may use or disclose your information to an Institutional Review Board or other authorized privacy board to obtain a waiver of authorization under HIPAA. Furthermore, we may use or disclose your medical information for research purposes if your authorization has been obtained when required by law, or if the information we provide to researchers is "de-identified."

[O.] Military and Veterans

If you are a member of the armed forces, we may use and disclose medical information about you as required by the appropriate military authorities.

[P.] Workers' Compensation

We may disclose medical information about you for your workers' compensation or similar program. These programs provide benefits for work-related injuries. For example, if you have injuries that resulted from your employment, a workers' compensation insurance or a state workers' compensation program may be responsible for payment for your care, in which case we might be required to provide information to the insurer or program.

[Q.] Public Health Risks

We may disclose medical information about you to public health authorities for public health activities. As a general rule, we are required by law to disclose certain types of information to public health authorities, such as the Texas Department of State Health Services. The types of information generally include information used:

1. To prevent or control disease, injury or disability (including the reporting of a particular disease or injury).
2. To report births and deaths.
3. To report suspected child abuse or neglect.
4. To report reactions to medications or problems with medical devices and supplies.
5. To notify people of recalls of products they may be using subject to jurisdiction of the FDA.
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
8. To provide information about certain medical devices.
9. To assist in public health investigations, surveillance or interventions.

[R.] Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information and compliance with civil rights laws.

[S.] Legal Matters

If you are involved in a lawsuit or a legal dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your medical information, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

[T.] Law Enforcement, National Security and Intelligence Activities

In certain circumstances, we may disclose your medical information if we are asked to do so by law enforcement officials, or if we are required by law to do so. We may disclose your medical information to law enforcement personnel, if necessary, to prevent or decrease a serious and imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, missing person, crimes on our premises, or crimes in emergencies. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

[U.] Coroners, Medical Examiners and Funeral Home Directors

We may disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral home directors as necessary to carry out their duties.

[V.] Inmates

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the health care personnel of a correctional institution as necessary for the institution to provide you with health care treatment.

[W.] Marketing of Related Health Services

We may use or disclose your medical information to send you treatment or healthcare operations communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in exchange for making the communication only with your specific authorization unless the communication: **(i)** is made face-to-face by the Practice to you, **(ii)** consists of a promotional gift of nominal value provided by the Practice, or **(iii)** is otherwise permitted by law. If the marketing communication involves financial remuneration and an authorization is required, the authorization must state that such remuneration is involved. Additionally, if we use or disclose information to send a written marketing communication (as defined by Texas law) through the mail, the communication must be sent in an envelope showing only the name and addresses of sender and recipient and must **(i)** state the name and toll-free number of the entity sending the market communication; and **(ii)** explain the recipient's right to have the recipient's name removed from the sender's mailing list.

[X.] Fundraising

We may use or disclose certain limited amounts of your medical information to send you fundraising materials from one of our affiliated fundraising foundations. We will limit our use and sharing to information that describes you in general, not personal terms and the dates of your health care. You have a right to opt out of receiving such fundraising communications. Any such fundraising materials sent to you will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future.

[Y.] Electronic Disclosures of Medical Information

Under Texas law, we are required to provide notice to you if your medical information is subject to electronic disclosure. This Notice serves as general notice that we may disclose your medical information electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.

[Z.] Disaster Relief

Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

[AA.] Notification

Medical information to notify or help notify a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition or death. If you are present, we will obtain your permission, if possible, before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgement. We will also use our professional judgement to make decisions in your best interest about allowing someone to pick up medication, medical supplies or medical information for you.

4. OTHER USES OF MEDICAL INFORMATION

There are a few times we may need or want to use or disclose your medical information for reasons other than those listed above, but to do so, we will need your prior authorization.

[A.] Authorizations

Other than expressly provided herein, any other uses or disclosures of your medical information will require your specific written authorization.

[B.] Psychotherapy Notes, Marketing and Sale of Medical Information

Most uses and disclosures of "psychotherapy notes," uses and disclosures of medical information for marketing purposes, and disclosures that constitute a "sale of medical information" under HIPAA require your authorization.

[C.] Facility Directory

Unless you notify us that you object, the following medical information about you will be placed in our facility's directories: your name, your location in our facility, your condition described in general terms, and your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

[D.] Right to Revoke Authorization

If you provide us with written authorization to use or disclose your medical information for such other purposes, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made in reliance upon your authorization, and that we are required to retain our records of the care that we have provided to you.

5. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Federal and state laws provide you with certain rights regarding the medical information we have about you. The following is a summary of those rights.

[A.] Right To Inspect and Copy

Under most circumstances, you have the right to inspect and/or copy your medical information that we have in our possession, which generally includes your medical and billing records. To inspect or copy your medical information, you must submit your request to do so in writing to the Practice's HIPAA Officer at the address listed in **Section 7** below.

If you request a copy of your information, we may charge a fee for the costs of copying, mailing or certain supplies associated with your request. The fee we may charge will be the amount allowed by state law. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

If your requested medical information is maintained in an electronic format (e.g., as part of an electronic medical record) and you request an electronic copy of this information, then we will provide you with the requested medical information in the electronic form and format requested, if it is readily producible and applicable to the Practice.

In certain very limited circumstances allowed by law, we may deny your request to review or copy your medical information. We will give you any such denial in writing. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

[B.] Right To Amend

If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Practice. To request an amendment, your request must be in writing and submitted to the HIPAA Officer at the address listed in **Section 7** below. In your request, you must provide a reason as to why you want this amendment. If we accept your request, we will notify you of that in writing.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that **(i)** was not created by us (unless you provide a reasonable basis for asserting that person or organization that created that information is no longer available to act on the requested amendment), **(ii)** is not part of the information kept by the Practice, **(iii)** is not part of the information which you would be permitted to inspect and copy, or **(iv)** is accurate and complete. If we deny your request, we will notify you of that denial in writing.

If we deny your request, you may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

[C.] Right To An Accounting of Disclosures

You have the right to request an "accounting of disclosures" of your medical information. This is a list of the disclosures we have made for up to six years prior to the date of your request of your medical information, but does not include disclosures for Treatment, Payment, or Health Care Operations (as described in **Sections 3 A, B, and C** of this Notice), or certain other disclosures made pursuant to your specific authorization (as described in **Section 4** of this Notice), or certain other disclosures.

If we make disclosures through an electronic health records (EHR) system, you may have an additional right to an accounting of disclosures for Treatment, Payment, and Health Care Operations. Please contact the Practice's HIPAA Officer at the address set forth in **Section 7** below for more information regarding whether we have implemented an EHR and the effective date, if any, of any additional right to an accounting of disclosures made through an EHR for the purposes of Treatment, Payment, or Health Care Operations.

To request a list of accounting, you must submit your request in writing to the Practice's HIPAA Officer at the address set forth in **Section 7** below.

Your request must state a time period, which may not be longer than six years (or longer than three years for Treatment, Payment, and Health Care Operations disclosures made through an EHR, if applicable) and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically, if applicable). The first list you request within a twelve-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

[D.] Right To Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for Treatment, Payment, and Health Care Operations. You also have the right to request a restriction or limitation on the medical 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.

Except as specifically described below in this Notice, we are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. In addition, there are certain situations where we won't be able to agree to your request, such as when we are required by law to use or disclose your medical information. To request restrictions, you must make your request in writing to the Practice's HIPAA Officer at the address in **Section 7** of this Notice below. In your request, you must specifically tell us what information you want to limit, whether you want us to limit our use, disclosure, or both, and to whom you want the limits to apply.

As stated above, in most instances we do not have to agree to your request for restrictions on disclosures that are otherwise allowed. However, if you pay or another person (other than a health plan) pays on your behalf for an item or service in full, out of pocket, and you request that we not disclose the medical information relating solely to that item or service to a health plan for the purposes of payment or health care operations, then we will be obligated to abide by that request for restriction unless the disclosure is otherwise required by law. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

[E.] Right To Request 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 at home, not at work or, conversely, only at work and not at home. To request such confidential communications, you must make your request in writing to the Practice's HIPAA Officer at the address listed in **Section 7** below.

We will not ask the reason for your request, and we will use our best efforts to accommodate all reasonable requests, but there are some requests with which we will not be able to comply. Your request must specify how and where you wish to be contacted.

[F.] Right To a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, you must make your request in writing to the Practice's HIPAA Officer at the address set forth in **Section 7** below.

[G.] Right To Breach Notification

In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your medical information has been improperly disclosed or otherwise subject to a "breach" as defined in and/or required by HIPAA and applicable state law.

6. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time, along with our privacy policies and practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, along with an announcement that changes have been made, as applicable, in our office. When changes have been made to the Notice, you may obtain a revised copy by sending a letter to the Practice's HIPAA Officer at the address listed in **Section 7** below or by asking the office receptionist for a current copy of the Notice.

7. COMPLAINTS

If you believe that your privacy rights as described in the Notice have been violated, you may file a complaint with the Practice at the following address or phone number:

ROSA C. GONZALEZ MD PA

Attn: HIPAA Officer

3560 Delaware, Ste 109 | Beaumont, TX 77706

Phone: 409-892-9347 | Fax: 409-892-8803

Email: drcookie@drcookiecares.com

***** OFFICE CLOSED ON FRIDAYS AND MAJOR HOLIDAYS *****

To file a complaint, you may either call or send a written letter to the Practice. The Practice will not retaliate against any individual who files a complaint.

You may also submit a written complaint to the Secretary of the Department of Health and Human Services. We will provide you with the address to file your complaint with the Secretary of the Department of Health and Human Services. The Practice will not retaliate against any individual who files a complaint.

If you have any questions about this Notice, please contact the Practice's HIPAA Officer at the address or phone number listed above.

***** PLEASE SIGN ACKNOWLEDGEMENT ON NEXT PAGE AND RETURN TO THE PRACTICE *****

8. ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS

By signing below, you acknowledge that you have received this Notice of Privacy Practices prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information.

PATIENT NAME: _____
(Please Print Name)

PATIENT DATE OF BIRTH: _____

SIGNATURES:

PATIENT | LEGAL REPRESENTATIVE: _____ DATE: _____

If Legal Representative, Relationship to Patient: _____

Witness (Optional): _____ DATE: _____