

# URGENT CLINICS MEDICAL CARE

Tuscan Lakes Urgent Care Clinic LLC.  
2560 E League City Parkway, League City, Texas 77573  
Tel: 832-982-7228

## **Notice of Privacy Practices**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully*

### **How We May Use and Disclose Medical Information About You**

The following categories describe different ways we use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **Treatment**

We may use and disclose medical information about you to provide you with medical treatment or services. For example, a specialist we may refer you to may need to know about a treatment you received at our office in order to coordinate other treatments you are receiving.

#### **Payment**

We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at our office so your health plan will pay us or reimburse you for the services.

#### **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

#### **Health Care Operations**

We may use and disclose medical information about you for our office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

#### **Treatment Alternatives**

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

#### **Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related options or alternatives that may be of interest to you.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a close personal friend or family member who is involved in your medical care or payment for your care, so long as you have not objected and it is reasonable for us to infer that such disclosure is in your best interest.

### **Special Purposes When Permitted or Required by Law**

We may disclose medical information about you as for special purposes when permitted or required by law, including the following:

- To avert a serious threat to health or safety against you, the public or another person.
- For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
- For organ and tissue donation and transplant facilitate organ or tissue donation and transplant.
- For research purposes limited information may be disclosed as permitted by law.
- To workers' compensation or similar programs for payment benefits for work-related injuries.
- To coroners, medical examiners, and funeral directors to identify a deceased person, determine cause of death, or to carry out duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity.

### **Our Pledge Regarding Medical Information**

We are committed to protecting medical information about you. This Notice describes our privacy practices and that of all its employees and staff. This Notice will tell you about the ways in which we may disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- Make sure that medical information that identifies you is kept private; and
- Follow the terms of the Notice that is currently in effect.
- Notify you in writing at the address in your medical record if we learn of a breach of your unsecured medical information held at Urgent Clinics Medical Care.

*If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our HIPAA Compliance Officer **Dennis Estes at 713-785-1119.***

*This Notice is provided to you pursuant to the Health Information Portability and Accessibility Act of 1996 and its implementation regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your Health Information. It has been updated to the HITECH Omnibus Rule requirements.*

### **Complaints**

If you are concerned that your privacy rights have been violated, you may contact the person listed above. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information is:

**US Department of Health and Human  
Services**

HIPAA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

To contact The Office of Civil Rights visit their  
website:

**<http://www.hhs.gov/ocr/index.html>**

or by telephone at  
214-767-4056

This notice is effective on the following date: March 12, 2013

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

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Patient Signature

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Date