

# Notice of Privacy Practices

*This notice of Privacy Practices applies to Covenant Management Systems, LP (CMS), and its affiliated entities Covenant Management Partners, L.L.C. (CMP), Covenant Provider Alliance, Inc. (CPA), Austin Regional Clinic, P.A. (ARC), and Austin Regional Independent Associates (ARIA).*

**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.**

Effective Date: February 17, 2010

## *Examples of Disclosures for Treatment, Payment, and Health Operations*

***We will use your health information for treatment. Treatment includes the provision, coordination, and management of your health care.***

**For example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Your ARC provider will share your information with other providers such as specialists to whom you are referred for treatment purposes.

***We will use PHI for payment.***

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

***We will use your health information for regular health operations, including necessary administrative and business functions.***

**For example:** Members of the medical staff, the risk or quality management manager, or members of the quality management team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and service we provide.

***Affiliated Entities:*** Our affiliated entities will share your medical information as necessary to carry out treatment, payment, and health care operations.

***Business Associates:*** There are some services provided to ARC through contracts with business associates. Examples include physician services in radiology, certain laboratory tests, transcription services and medical record coping services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we receive assurances from the business

associate that they will appropriately safeguard your information.

***Communication with family:*** Unless your family member is legally authorized to make health care decisions for you, we will not communicate health information with a family member, without your permission. With your permission, we will communicate with a family member only if he/she is legally authorized to make health care decisions for you.

***Research:*** We may disclose information to researchers when you have consented or authorized such disclosure, or when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

We will disclose to other parties as required by law such as funeral directors, coroners, or medical examiners.

***Organ Procurement Organizations:*** If you have formally indicated your desire to be an organ donor, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Administrative and Operational Communications:*** We may contact you to provide appointment reminders (reminders may be provided by oral, written, or electronic communications) or information about treatment alternatives, health-related benefits and services that may be of interest to you, and our organization's health care operations.

***Promotional Activities:*** When our organization receives a financial incentive, such as fees for the services provided, or remuneration for a specific product or service, we will not contact you about that product or service without your consent or authorization. This may include communications about a specific product or drug that may address your specific health care needs. For example, patients with high cholesterol may be notified of alternative drug treatments. Communications will

## Understanding Your Health

### *Record/Health*

Each time you visit an ARC clinic a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- confirm its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others

### *Your Health Information Rights*

Although your health record is the physical property of Austin Regional Clinic, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- request that we not notify your health insurer of your treatment if you pay cash for the treatment
- obtain a paper copy of the notice of privacy practices upon request
- inspect and copy your health record
- request an amendment to your health record
- obtain an accounting of certain disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

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## Our Responsibilities

### Austin Regional Clinic will:

- maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

**Breach Notification:** ARC will notify you of any unauthorized acquisition, access, use, or disclosure of your unsecured PH1 that presents a significant risk of financial, reputational, or other harm to you, to the extent required by law. Unsecured PH1 means PH1 not secured by technology that renders the information unusable, unreadable, or undecipherable as required by law.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the amended notice of privacy practices in each clinic location and on our company website. You may request that a copy be provided to you by contacting our Health Information Manager at **512-231-5573**.

be sent to you in envelopes showing only addresses. You will be given the right to have your name removed from our mailing list, and if requested in writing your name will be removed from our list within five days. Written communications should be addressed to our Marketing Manager, 6937 N. IH-35, Suite 100, Austin, Texas 78752.

**Food and Drug Administration (FDA):** We may disclose health information relative to adverse events with respect to food supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

### **Public Health and Law Enforcement:**

Where required by law, we will disclose your health information to public health and legal authorities charged with preventing or controlling disease, injury, or disability, investigating abuse and neglect, or law enforcement agencies.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

### **For more information**

If you would like additional information, you may contact the Privacy Officer to 512-338-3815.

### **To file a complaint**

If you think your rights have been violated, you may file a complaint with our Privacy Officer, 4515 Seton Center Pkwy, Suite 150-A, Austin, Texas 78759, or the Office of Civil Rights of the Department of Human Services and health: Office of Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. There will not be retaliated against for filing a complaint.

### **For more information:**

**512-ARC-INFO (512-272-4636) • [AustinRegionalClinic.com](http://AustinRegionalClinic.com)**