



NOTICE OF PRIVACY PRACTICES

Effective date: October 13, 2016

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.

If you have any questions about this notice, please contact Athena Family Medicine at 469-931-2602.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Athena Family Medicine; any health care professional authorized to enter information into your medical record maintained by Athena Family Medicine; and any persons or companies Athena Family Medicine contracts with for services to help operate our practice who have access to your medical information.

All of these persons, entities, sites and locations follow the terms of this notice. In addition, they may share medical information with each other for treatment, payment or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from Athena Family Medicine. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care, and billing for that care, that are generated or maintained by Athena Family Medicine, whether made by Athena Family Medicine personnel or other health care providers. Other health care providers may have different policies or notices about the use and disclosure of medical information created in their offices or at locations other than Athena Family Medicine.

This notice tells you about the ways we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

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 explain what we mean and 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 these categories.

For treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at Athena Family Medicine. For example, a doctor treating you for a broken hip may need to know if you have diabetes, because diabetes may slow the healing process. We may also disclose medical information about you to people outside Athena Family Medicine who may be involved in your medical care after you have been treated by Athena Family Medicine, such as family members, or the staff of a hospital or skilled nursing facility to which you are transferred or admitted.

For payment. We may use and disclose medical information about you so that the treatment and services you receive from Athena Family Medicine 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 treatment you received so your health plan will pay us or reimburse you for the treatment. We may also disclose information about you to another health care provider, such as a hospital or skilled nursing facility to which you are admitted, for their payment activities concerning you.

For health care operations. We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Athena Family Medicine and make sure 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. We may combine medical information about many patients to decide what additional services Athena Family Medicine should offer, and what services are not needed. We may disclose information to doctors, nurses, technicians and other personnel affiliated with Athena Family Medicine for review and learning purposes. We may combine our medical information with information from other health care providers to compare how we are doing and see where we can improve. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We may also disclose information about you to another health care provider for its health care operations purposes if you have also received care from that provider.

Treatment alternatives. We may use and disclose medical information to tell you about or recommend different ways to treat you.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may compare the health and recovery of patients who received one medication with those who received another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We may also disclose medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), as long as the medical information they review does not leave Athena Family Medicine. If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in exchange for using or disclosing your medical information for research, except for money to cover the cost of preparing and sending the information to the researcher.

Individuals involved in your care or payment for your care. We may release medical information about you to a friend or family member who is involved in your medical care. This includes persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

As required or permitted by law. We may disclose medical information about you when required or permitted to do so by federal, state or local law.

To avert a serious threat to health or safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

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

Active duty military personnel and veterans. If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose medical information about you to components of the Department of

Veterans Affairs to determine whether you are eligible for certain benefits.

Workers' compensation. In accordance with state law, we may release medical information about your treatment for a work-related injury or illness, or for which you claim workers' compensation, to your employer, insurer or care manager paying for that treatment under a workers' compensation program, without your consent.

Public health risks. We may disclose medical information about you for public health activities without your consent. These activities generally include, but are not limited to:

- Reporting, preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- Reporting suspected abuse or neglect as required by law.

Health oversight activities. We may disclose medical information without your consent to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. The government uses these activities to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

Law enforcement. We may release medical information without your consent to a law enforcement official:

- In response to a court order, warrant, summons, grand jury demand or similar process;
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds and poisonings;
- In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect or missing person;
- To report a death or injury we believe may be the result of criminal conduct; and
- To report suspected criminal conduct committed at Athena Family Medicine.

Coroners, medical examiners and funeral directors. We may release medical information without your consent to a coroner or medical examiner, for example to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of Athena Family Medicine to funeral directors as needed to carry out their duties.

National security and intelligence activities. We may release medical information about you without your consent, as required by law, to authorized federal or state officials for intelligence, counterintelligence or other national security activities authorized by law.

Protective services for the President and others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Psychotherapy notes. Regardless of the other parts of this notice, psychotherapy notes will not be disclosed outside Athena Family Medicine except as authorized by you in writing, pursuant to a court order, or as required by law. Psychotherapy notes will not be disclosed to personnel within Athena Family Medicine, except for training purposes or to defend a legal action brought against Athena Family Medicine, unless you have properly authorized the disclosure in writing.

Marketing of health-related products and services. "Marketing" means a communication, for which we receive payment from a third party, that encourages you to use a service or buy a product. Before we use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization, and the authorization form will tell you that we have been paid to make the communication. Marketing does not include: prescription refill reminders or other information about a drug you are currently prescribed, as long as any payment we receive only covers the cost of the communication; face-to-face communications; or promotional gifts of nominal value, such as pens or key chains. Communications about your treatment, such as a referral to another health care provider, generally are not marketing.

Sale of medical information. We cannot sell your medical information without your written authorization. Any authorization you sign agreeing to the sale of your medical information must state that we will receive payment for the disclosure. Because "sale" has a specific legal definition, it does not include every situation in which we receive payment for a disclosure. For example, a fee charged to cover the cost of preparing and sending information is not a "sale" of your information.

Inmates. If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if they represent to Athena Family Medicine that the information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy. You have the right to inspect and receive a copy of your medical record, unless your attending physician determines that information in the record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Athena Family Medicine will review your request and the denial.

The person conducting the review will not be the person who denied your request, and we will follow the reviewer's decision.

- If we have any of your medical information in electronic format, you may request an electronic copy of those records, or request that we send an electronic copy to any person or entity you designate in writing.
- Your medical information is contained in records that are the property of Athena Family Medicine. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Athena Family Medicine.
- If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we may collect the fee before providing the copy. If you agree, we may provide a summary or explanation of the information instead of a copy. Before doing so, we will obtain your agreement to pay, and collect, any fees for preparing the summary or explanation.

Right to amend. If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for Athena Family Medicine.

- To request an amendment, make your request in writing to Athena Family Medicine and include a reason that supports your request.
- We may deny your request if it is not in writing or does not include a supporting reason. We may also deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created it is no longer available to make the amendment; is not part of the medical information kept by or for Athena Family Medicine; is not part of the information you would be permitted to inspect and copy; or is accurate and complete.
- If we deny your request, you may submit a written statement of disagreement and ask that it be included in your medical record.

Right to an accounting of disclosures. You have the right to request a list of certain disclosures we have made of medical information about you during the past six years.

- To request this list, submit your request in writing to Athena Family Medicine and state whether you want the list on paper or electronically. Your request must state a time period no longer than six years. The first list you request within a 12-month period is free. For additional lists, we may charge for the cost of providing the list. We will tell you the cost, and you may withdraw or modify your request before any costs are incurred. We may collect the fee before providing the list.

Right to request restrictions. Except where we are required by law to disclose information, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any authorizations you previously gave us relating to disclosure of your medical information.

- We are not required to agree to your request, except for restrictions on disclosures to your health plan described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- To request a restriction, make your request in writing to Athena Family Medicine. Tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- You may request that we not disclose your medical information to your health plan for some or all of the services you receive at Athena Family Medicine. If you pay in full for those services at the time of service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance or deductible. Once information about a service has been submitted to your health plan, we cannot agree to your request, so please tell us as early in your visit as possible.

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 work, by mail, or at a mailing address other than your home address. We will accommodate all reasonable requests and will not ask the reason for your request. To request confidential communications, make your request in writing to Athena Family Medicine and specify how or where you wish to be contacted.

Right to a paper copy of this notice. You have the right to a paper copy of this notice or any revised notice, even if you have agreed to receive it electronically. To obtain a paper copy, ask Athena Family Medicine in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the revised 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 at Athena Family Medicine's office and on our website. The notice will contain its effective date on the first page. If the notice changes, a copy will be available to you on request.

BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your medical information to determine whether it is a breach of federal privacy or security regulations. If we determine that a breach has occurred, we will notify you of the breach, tell you what we intend to do to reduce any harm caused, and explain steps you should take to protect yourself.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Athena Family Medicine or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Athena Family Medicine, contact our clinic by mail at 8301 Lakeview Pkwy, Suite 106, Rowlett, TX 75088, or by phone at 469-931-2602. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice will be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization in writing at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Athena Family Medicine. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes covered by your authorization. We are unable to take back any disclosures already made with your permission, and we are required to retain our records of the care we provided to you.