

San Antonio Hand to Shoulder Orthopaedic Center
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Purpose of Notice

Mark Katz, M.D. PA d/b/a San Antonio Hand to Shoulder Orthopaedic Center is required by both federal and state law, as pertaining to the Health Insurance Portability and Accountability Act of 1996 (the "Privacy Regulations"), to protect the privacy about a patient or a patient's health information. In addition, we are required to provide you with this Notice of Privacy Practices (the "Notice") regarding our legal obligations with respect to our privacy practices concerning your protected health information and to abide by the terms of its Privacy Notice currently in effect. This Privacy Notice is intended to describe how we may use and disclose your medical information and to describe your rights and our legal obligations with respect to your medical information. Reference to "Mark Katz, M.D. PA, San Antonio Hand to Shoulder Orthopaedic Center, or Mark A. Katz, M.D." in this Notice refers to the "Practice" that has protected health information about you. Our employees, staff, and the other healthcare professionals providing services to you in our office are subject to this Notice of Privacy Practices. If you have any questions about this Notice, please contact our Privacy Officer.

What is Protected Health Information?

We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. Health information is broadly defined as any information, whether oral or recorded in any form or medium, including electronic format, that is created or received by this Practice whether the information relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or the past, present or future payment for the provision of healthcare to you. Individually identifiable healthcare information is information that includes health information and also includes demographic information collected from you that identifies you or which reasonably can be used to identify you. This is generally referred to throughout this Notice as *protected health information* or "**PHI**." The Practice is required by law to maintain the privacy of your PHI, to provide you with this Privacy Notice setting forth our legal duties with respect to your PHI, and to notify affected individuals following a breach of unsecured protected health information. We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Permitted Uses and Disclosures. You will be asked to sign a consent acknowledging your receipt of this Privacy Notice. The consent will allow the Practice to use and disclose your PHI for your treatment, to obtain payment for the services rendered to you by the Practice, and to assist us in our healthcare operations. This medical practice collects health information about you and stores it within an electronic health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- a. Treatment.** We may use and disclose your PHI, which may be in electronic format, as necessary for your treatment. For example:
- Our staff may review your chart to ensure that all laboratory and other tests results have been obtained for your chart prior to your visit.
 - Our nurses or the physician may communicate with laboratory or other testing facilities to review test results prior to your visit.
 - Doctors in this office may discuss your case or may review your medical treatment with referring physicians or physician specialists to whom they have referred you for care.
 - Personnel in this office may discuss your medical information with a hospital or other healthcare facility where you are being admitted or being treated, or we may discuss this information with another healthcare provider who is treating you at such a facility.
 - The Practice may use a sign in sheet in the waiting area that other patients may see.
 - The Practice may announce the names of patients in the waiting area, and other people in that area may hear your name.
 - The Practice may use and disclose medical information to contact and remind you about appointments which may include leaving a voice message on your home answering machine or in a message left with the person answering the phone.
 - The Practice may disclose health information to a pharmacy when we order a prescription for you.
 - Other types of treatment uses or disclosures may be made even if not listed above.
- b. Payment.** We may use and disclose your PHI, which may be in electronic format, in order to obtain payment for the services rendered to you. For example:
- The Practice may submit your PHI to your insurance company in order to receive reimbursement for services rendered to you.
 - To facilitate reimbursement, the Practice may provide supplemental information to your health insurance company in order to verify the medical necessity of the care that you have obtained.
 - The Practice may submit information to your health insurer in order to coordinate benefits with other health insurance or public benefits that may be available to you.
 - The Practice may provide consumer reporting agencies with credit information regarding your payment history.
 - The Practice may provide information to collection agencies or our attorneys for purposes of obtaining payment of delinquent accounts.
 - Your PHI may be disclosed in a legal action for purposes of securing payment of delinquent accounts.
 - Other types of payment uses and disclosures may be made even if not listed above.

c. **Healthcare Operations.** We may use and disclose your PHI for the healthcare operations of this practice. For example:

- Peer review.
- Quality assessment activities.
- Utilization reviews.
- Auditing, including for fraud and abuse detection.
- Medical education and training activities.
- Disease management programs.
- Accreditation and certification activities.
- Business planning and development activities.
- Financial planning projections.
- Monitoring for compliance and other legal matters.
- General business matters.
- Other types of uses and disclosures may be made for healthcare operations even if not listed above.

B. Uses and Disclosures Based Upon Your Written Authorization. Other uses and disclosures of your PHI, that are not of the general types permitted pursuant to the terms of this Privacy Notice, will be made only with your written authorization, unless otherwise permitted or required by law as described in the sections below. In addition, the law of Texas, as applicable, may require your written authorization in certain circumstances. If your records are governed by Texas law, the Practice will also obtain your authorization to the extent required by applicable law, prior to disclosing any mental health records or any HIV-related diagnosis and treatment information or drug and alcohol treatment records about you; there are certain purposes, however, for which such information may or must be disclosed without your authorization. You may revoke that authorization, at any time, in writing, except to the extent the Practice has taken action in reliance on the use or disclosure indicated in the authorization.

- a. **Marketing.** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
- b. **Sale of Health Information.** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

C. Individuals or Family Involved in Your Care. We may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care, someone who has your healthcare power of attorney, or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

D. Other Uses and Disclosures Without an Authorization or Opportunity to Verbally Agree or Object. With regards to the following examples under the Privacy Regulations, we are permitted to use and disclose your PHI without your consent, authorization, or opportunity to verbally agree or object. Subject to conditions specified by law:

- a. **Disclosures to Federal or State Agencies.** The Practice will continue to make required disclosures to federal and state agencies, such as the Social Security Administration or state agencies for applications for federal or state benefits for care or payment for care.
- b. **Required by Law.** The Practice may use and disclose PHI when required by federal, state or local law to comply with mandatory reporting requirements, such as those involving births, deaths, child abuse, disease prevention and control, driving impairment, vaccine-related injuries, medical device-related deaths, gunshot wounds and other similar incidences that we are required to report.
- c. **Workers' Compensation Insurers.** The Practice may disclose your PHI to workers' compensation insurers, state administrators, employers and other persons or entities involved in the workers' compensation system and similar proceedings as necessary to comply with workers' compensation laws.
- d. **Your Legal Matters.** The Practice may use and disclose your PHI in response to court or administrative proceedings if you are involved in a lawsuit or a similar matter. We may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in a dispute, but only if we have received satisfactory assurances that the party seeking your PHI has made a good faith effort to inform you of the request to provide you with an opportunity to object.

- e. **Public Health and Safety Matters.** The Practice may use and disclose your PHI for public health activities, including reporting communicable diseases, child abuse and neglect reports, FDA (Food and Drug Administration)-related reports and disclosures, public health warnings to third parties regarding risk of communicable diseases or conditions, reports regarding victims of abuse, neglect or domestic violence, reports of elder abuse to the applicable governmental authority, reports of abuse of a nursing home patient to the applicable governmental authority, reports to health oversight entities such as a drug enforcement agency, reports to prevent or lessen a serious and imminent threat to safety of a person or the public, or compliance with judicial and administrative proceedings.
- f. **Law Enforcement Matters.** The Practice may disclose your PHI for law enforcement purposes, such as compliance with legal process, search warrants, identification of crime victims, reports of death suspected to have resulted from criminal activities, information regarding crimes, emergencies, reports regarding identification of deceased patients, cause of death, providing information to funeral directors necessary to carry out their operations, information relating to threats to public safety, or specific government functions such as military and veterans activities, national security and intelligence and similar law enforcement matters.
- g. **Organ and Tissue Donation.** The Practice may use your PHI in order to facilitate organ, eye, and tissue donation and transplantation, including to those entities engaged in procuring and banking of such items.
- h. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your PHI or health record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

E. Uses and Disclosures to Business Associates. The Practice may engage a certain persons or organizations to perform certain functions of our practice on our behalf, and we may disclose certain health information to these persons as “Business Associates.” A Business Associate is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your health information. For example, we may share certain PHI with our billing services in order to facilitate our healthcare operations or payment for services provided in connection with your care. In this connection, we have a written contract with each of these Business Associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI. Additional Business Associates include, but are not limited to, consultants, accountants, lawyers, and medical service vendors.

F. Incidental Disclosure. Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in the office or someone may view your name on the sign-in sheet in the waiting area. The Practice will use its best efforts to limit these disclosures, but the efficient delivery of medical care in our office setting will not permit incidental disclosures to be totally eliminated.

G. Research. The Practice may use your PHI for research purposes if we have de-identified the information so that the information provided could not reasonably be associated with you. Our personnel may use your PHI in the process of de-identifying your PHI for this purpose. For all other types of research, we will usually ask for your authorization before using your PHI for research purposes. However, we may use and disclose your PHI without authorization if the applicable institutional review board that oversees research involving human subjects has waived the authorization requirement.

H. Breach Notification. In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

YOUR PRIVACY RIGHTS

Right to Restrictions on Use and Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Confidential Communications. You have a right to request that the Practice communicate your PHI to you by reasonable alternative means or alternative locations. For example, you have the right to request that we send information only to your work address or to a particular e-mail account. To make such a request, you must (i) make your request in writing, (ii) the request must specify the alternative address or other method of payment, if applicable, and (iii) information as to how payment will be handled if the request would vary the way in which the Practice routinely handles payment issues. We are not required to agree to requests for confidential communications that are unreasonable. We will not ask you for an explanation of why you are requesting alternative means of communication.

Right of Access to Your Health Information. You have the right of access to inspect and obtain a copy of your PHI in the medical and billing records that the Practice maintains about you and records that we use to make decisions about your care. This right may be subject to certain limitations, and we may impose upon you reasonable charges associated with the copying to cover labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. To exercise your rights of access, (i) you must submit a written request to our privacy officer, (ii) the request must state how you want to retrieve the information, such as by mail, pick up, electronically, etc., (iii) the request must include the mailing address, if applicable, and (iv) the request must be accompanied by the applicable copying charge. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. Access to your PHI may be temporarily suspended if you are participating in a research study that includes treatment, and your consent to participate in the research provides for denial of access during the research. As such, your right of access will be reinstated upon completion of the research.

Right to Amendment of Your Health Information. You have the right to request that we amend your medical and billing record that we maintain about you and records that we use to make decisions about your care. The Practice has the right to deny your request if (i) we did not create the record (unless you provide us a reasonable basis to believe that the originator of the PHI is no longer available to act on the request), (ii) the information requested to be amended is not part of your records, (iii) the information would not otherwise be subject to a right of access, or (iv) the information is accurate and complete. Requests to amend your PHI must be made in writing and must set forth the reason why you believe the amendment is warranted or appropriate. Within 60 days of your written request for an amendment of your PHI, we will either (i) implement the amendment and notify you in writing of this and take reasonable efforts to inform others who may have received the PHI about the amendment, or (ii) notify you in writing of the reasons why we are either unable to implement the requested amendment (including a statement of your rights in connection with the denial) or inform you of our need for an additional 30 days within which to make a determination and the reasons for such an extension.

Right to Accounting of Disclosures of Your Health Information. You have the right to receive an accounting of disclosures of your PHI made by this practice for a period of six (6) years prior to the date of your request except that the Practice does not have to account for the disclosures for treatment, payment, and healthcare operations as described in this Notice, disclosures to you, disclosures incident to other uses or disclosures that are permitted without your prior authorization, disclosures pursuant to your written authorization, disclosures to persons or family involved in your care, disclosures for national security purposes, to correctional institutions or law enforcement officials, or when your PHI is de-identified and used for research purposes. The first accounting you request within a 12-month period is free of charge, but you will be charged a fee of \$20 for each subsequent accounting you request within a 12-month period.

Right to Receive a Paper Copy. You have a right to receive a paper copy or an electronic copy of this Notice of Privacy Practices. To obtain a copy, you may request a copy from the front desk at any office visit.

ADDITIONAL INFORMATION

Contact Information and How to Report a Complaint. If you believe that your privacy rights have been violated, you may submit a complaint to our Practice or to:

Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202.

To file a complaint with the Practice, our Privacy Officer may be contacted during our regular business hours at (210)-259-8155. All complaints must be submitted to the Practice in writing at 9150 Huebner Road, Suite 162, San Antonio, TX 78240. The Practice WILL NOT retaliate against you for filing a complaint.

Changes to this Notice. We reserve the right to change the terms of this Privacy Notice and to make new provisions effective for all PHI that we maintain, including PHI that we maintain at the time of the change. If we change our policies, we have copies of our revised Notice of Privacy Practices at our office and make copies available to all patients upon request. We will also post the current notice on our website. Patients may also receive a copy of our privacy policies at any time by contacting our Privacy Officer.

Effective Date. The effective date of this notice is April 14, 2003.

Revised Date: September 23, 2013