

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. You should review this document carefully.

Your Health Information Rights

When it comes to your health information, you have certain rights. This section explains your rights of some of our responsibilities to help you. If you have further questions or need assistance, you can contact our office at 832-699-8342.

- **Get a copy of this Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies of this notice may be obtained from any registration or admission desk. You may obtain an electronic copy of this notice on our website.
- **Get an electronic or paper copy of your medical record or health and claims record.** You can ask to see or get an electronic or paper copy of your medical record or health and claims records and other health information we have about you. We may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- **Ask us to correct your medical record or your health and claims records.** You can ask us to correct your health information or hold and claims records if you think they are incorrect or incomplete. We may say no to your request in writing and you must provide a reason for the request.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. If you personally pay in full for an item or service or someone other than your health plan pays in full for the item or service on your behalf, you have can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” if you have already paid in full for the item or service unless a law requires us to share that information. Otherwise, we are not required to agree to your request, and we may say “no” if it would affect your care.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. You must make this request in writing and you must tell us how or where you wish to be contacted.
- **Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the time we’ve shared your health information, who we share it with, and why. We will include all the disclosures except for those about treatment, payment, or healthcare operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter timed period. We will provide on accounting a year for free but will charge you a reasonable, cost based fee if you ask for another one within 12 months.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can also complain if you feel we have violated your rights by contacting our office. You can also file a complaint with the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.Hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized or retaliated against in any way for filling a complaint. We will not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in health plan, or eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief information; or
- Include your information in a hospital or patient directory.

If you are not able to tell us your preference (for example if you are unconscious), we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Most sharing of any psychotherapy notes, which are kept separate from the rest of your medical record; and
- Marketing purposes.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

- **Treatment.** We can use your health information and share it with other professionals who are treating you. We may share your health information with doctors, nurses, technicians, medical students, or other members of your health care team to keep them informed about your care status or condition as necessary. For example, a doctor treating you for diabetes may need to tell a dietitian that you have diabetes so appropriate meals can be arranged. We also may share your health information with people outside our office who may be involved in your medical care, such as health care providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic). We share medical records electronically with other health care providers. If you visit another provider who uses the same electronic medical record as our office, they may have access to your medical record.
- **Payment.** We can use and share your health information to bill and get payment from insurance company or a third party. For example, we may need to provide your health plan with information about treatment you received so that your health plan will pay us or reimburse you for the treatment. Also, we may share your health information with your other health care providers to assist those providers to assist those providers in obtaining payment from insurance company or at third party.
- **Administration.** We can use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services or improve our services. We can also share your health information in a limited data set, which excludes some identifying information. Our office is not allowed to use genetic information to decide whether to give you coverage or to decide the price of the coverage.
- **Business Associates.** We can share your health information with our business associates for any of the purposes listed above.
- **Electronic.** We may share your information electronically.

How else can we use or share your health information?

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues.** We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting birth and deaths; reporting suspected abuse, neglect, or domestic violence; reporting reactions to medications or product problems; or preventing or reducing a serious threat to anyone's health or safety. We can share portions of your health information for these activities in a limited data set, which excludes some identifying information.
- **Research.** We can use or share your information for health research. We can share your health information for these activities in a limited data set, which excludes some identifying information.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director.** We can share health information with a coroner, or funeral director, medical examiner, or funeral director when an individual die.
- **Address worker's compensation, law enforcement, and other government requests.** We can use or share health information about you: for worker's compensation claims; for law enforcement purposes or with a law enforcement purposes or with a law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** We can share health information about you in response to a court administrative order, or in a response to a subpoena.
- **Provide records to schools.** We can sometimes share your immunization records with a school with a verbal authorization sometimes.



NOTICE OF PRIVACY PRACTICES

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Our Responsibilities to You

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not sell your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. If you have any questions about this process, you can contact our office.

Changes to This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and our website at vegasurgicalgroup.com. This notice is effective as of March 2, 2015.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described in this Notice, you may contact our office at 832-699-4342.

Acknowledgment of Receipt of Notice of Privacy Policies

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Policies of Lixana Vega Vega, MD, PLLC, d/b/a Vega Surgical Group PLLC.

Signature of Patient or Patient's Authorized Representative

Name of Patient or Patient's Authorized Representative

Relationship or status if signed by anyone other than Patient

Date