

**Notice of Privacy Practices Summary  
For Four Seasons Ob/GYN, M.D., P.A. (FOUR SEASONS)**

**Effective April 14, 2003**

In 1996 Congress passed the Health Insurance Portability and Accountability Act (HIPAA). Included in this act is "The Privacy Act" which was approved August 14, 2002.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

***Who Will Follow This Notice?***

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart.
- All department and unites of each health care provider listed below.
- Any member of a volunteer group we allow to help you while you are a patient of Four Seasons Ob/Gyn, MD, PA (FOUR SEASONS).
- All employees, staff and other personnel of the FOUR SEASONS health care providers.
- All medical clinic and other health care providers owned and/or operated by a legal entity owned or controlled by FOUR SEASONS.

The entities, sites and locations listed above are treated as a single affiliated covered entity, are referred to in this notice as "FOUR SEASONS," and follow the terms of this notice. These entities, sites and locations may share medical information with each other for treatment, payment or health care purposes and as otherwise allowed by Texas and federal law.

***Duties of FOUR SEASONS***

FOUR SEASONS is required by law to:

- Maintain the privacy of protected health information
- Provide patients with notice of its legal duties and privacy practices
- Abide by the terms of the Notice of Privacy Practices currently in effect
- Prominently display and make available Notice of Privacy Practices.

FOUR SEASONS reserves the right to change the terms of its Notice of Privacy Practices as directed by HIPAA and to make the new notice provisions effective for all protected health information that it maintains.

***FOUR SEASONS Permitted Uses & Disclosures of Your Protected Health Information***

FOUR SEASONS may use and disclose information about you (e.g. name, address, social security number) and your medical condition(s), including past, present and future, for the following purposes:

**Treatment** – Such as disclosed information to a specialist, hospital, laboratory or pathologist to evaluate and address your medical needs (including amended information).

**Payment** – For example, information disclosed to your insurance company to receive reimbursement for charges incurred regarding your medical care.

**Healthcare Operations** – Information disclosed to evaluate and maintain the functions of FOUR SEASONS (e.g. the quality of care it provides or to perform business analysis)

FOUR SEASONS may use your protected health information to contact you regarding:

- Appointment reminders
- Lab and X-ray results
- Information about treatment alternatives
- Other health-related benefits and services that may be of interest to you

FOUR SEASONS may also use and disclose your protected health information **without further consent** from you in the following circumstances:

- Public Health Agencies. For the purpose of reporting disease, vital statistics, or adverse effects from drugs, supplies or equipment
- Serious Threats to Health/Safety. In cases of medical emergencies or instances where imminent and serious health or where safety threats exist
- Deceased Patients. To coroners, medical examiners, funeral directors and organ donor officials
- Law Enforcement. To law or military officials for the purposes of health delivery oversight, judicial or administrative proceedings, law enforcement and national security
- Required By Law - To State officials for the purpose of management and financial audits, program monitoring and evaluation, licensure and certification
- Healthcare Oversight - To the Department of Health and Human Services for purposes of compliance investigations and reviews
- Research – To researchers when their research has been approved by an Institutional Review Board who reviews research proposals and established protocols to ensure the privacy of protected health information.
- Worker's Compensation - To Employers as required by Texas Worker's Compensation Laws in case of a work related injury.
- Victims of Abuse, Neglect or Domestic Violence – May be required to disclose medical information if there is evidence of abuse or neglect to appropriate enforcement agencies.
- Individuals Involved In Your Care or Payment for Your Care. To a friend or family member who is involved in your medical care.
- Military or Veterans. To a member of the armed forces as required by military command authorities.
- Lawsuits & Disputes. To a court or administrative representative regarding a lawsuit or dispute.

- Non-Routine Uses and Disclosures. Those uses and disclosures which exclude treatment, payment and health care purposes will be made ONLY with your written authorization of which you may revoke at any time.

## ***YOUR PATIENT RIGHTS***

***Requests listed below must be submitted in WRITING to FOUR SEASONS. Patient request forms are available by contacting your medical group directly or the FOUR SEASONS Privacy Officer at (210) 593-0700.***

### **You Have The Right To:**

- ***Request restrictions or limits on certain uses and disclosures of your protected health information.*** FOUR SEASONS is not required to agree with your request. However, if we do, we will abide by your request except as required by law. Your request must 1) be in writing, 2) describe the information you wanted restricted, 3) state if the restriction is limited to our use or disclosure, and 4) state to whom the restriction applies.
- ***Request different ways for us to communicate with you regarding your protected health information.*** For example, you may prefer we contact a family member instead of you regarding your appointment reminders. This request must be made in writing.
- ***Inspect and copy your protected health information.*** FOUR SEASONS will act upon your written request within 15 days of receipt, if records are onsite (30 days if offsite). If we deny your request, we will send you a written denial. In this case, you may request a review of the denial. A scheduled appointment is required for requests to inspect information. FOUR SEASONS may charge you a fee to copy your records.
- ***Request an amendment of your protected health information if you believe your health information is incorrect or incomplete.*** You must submit the request in writing stating the requested amendment and reason for amendment. FOUR SEASONS will act upon your request within 60 days of receipt. Your request may be denied, if FOUR SEASONS believes the information is complete and accurate, or the information is not part of the medical information that you would be permitted to inspect or copy, or FOUR SEASONS did not create the information.
- ***Object or agree to certain uses and disclosures of your protected health information*** that we may share about your condition with family members or a public agency in emergency situations. To object, please contact the FOUR SEASONS Privacy Officer.
- ***Receive an accounting of any disclosures that FOUR SEASONS has made of your protected health information for non-routine purposes only.*** This right applies to disclosures for purposes *other than treatment, payment or healthcare operations*. You may request a list of disclosures FOUR SEASONS has made of your medical information for the six (6) years prior to your request. You may not request an accounting for dates of service prior to April 14, 2003. Your first request within a 12-month period is free, however FOUR SEASONS may charge for additional requests within the same 12-month period. FOUR SEASONS will act upon your request within 60 days of receipt.

- ***Receive a paper copy of this notice***, upon request. You may also request a detailed listing of this notice.

***File a complaint if you believe FOUR SEASONS has violated your privacy rights.***

You may file a complaint with the Four Seasons Privacy Officer, 7711 Louis Pasteur Drive, Suite 105 San Antonio, TX 78229 (210) 593-0700, fax (210) 593-0702 or directly with the Secretary of the Department of Health and Human Services, Office of Civil Rights, 1301 Young St #1169, Dallas, TX 75202, (214) 767-4056, Fax (214) 767-0432, TDD (214) 767-8940.