NOTICE OF PRIVACY PRACTICES

310 Kingwood Executive Dr., Suite A
Kingwood, TX 77339
832.344.4008

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESSTO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The notice of Privacy Practices is NOT an authorization. This notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past present and future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH NFORMATION

Your protected health information may be used and is disclosed by your physician, and office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills to support the operation of the physician's practice, and any other use required by law.

Your Protected Health Information may be subject to electronic disclosure, we will obtain an authorization from you to authorize any electronic disclosure other than for treatment, payment or healthcare operations purposes.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for an ASC admission may require that your relevant protected health information be disclosed to the health plan to obtain approval for the ASC admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities for your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirement, legal proceedings, law enforcement, coroner, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, and other required uses and disclosures. Under the law, we must make disclosures to you upon request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 16.500.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not see your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

KINGWOOD ENDOSCOPY

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information (fees may apply). Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records, Psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, in information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to the family member or friends who may be involved in your care or for notification purposes and to whom you may want their restriction to apply. Your physician is not required to agree to your requested restrictions except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

You have the right to request to receive confidential communication. You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You have the right to request an amendment to your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosure. You have the right to receive an accounting of disclosure, paper or electronic, except for disclosure: pursuant to an authorization, for purposes of treatment, payment, healthcare operations, required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

KINGWOOD ENDOSCOPY

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Office of your complaint. **We will not retaliate against you for filing a complaint.**

Katherine Jimenez 832-344-4087
Katherine.Jimenez@kingwoodendoscopy.com

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Please sign the accompanying "Acknowledgement" form. Please note that by signing the Acknowledgement form, you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

COMPLAINTS: NOTIFICATION TO PATIENTS

All licensed ambulatory surgery centers are required to provide the patient and his/her guardian at the time of admission a written statement identifying the "Department of State Health Services" as the responsible agency for ambulatory surgery center complaint investigations.

ANY COMPLAINTS MAY BE DIRECTED TO:

Department of State Health Services
Facility Licensing Group
1100 West 49th St
Austin, TX 78756
888-973-0022

OR

Health Facility Compliance Group
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

Complaint Hotline: 888-973-0022
Fax: 512-834-6653

Email: hfc.complaints@dshs.state.tx.us
Medicare Beneficiary Ombudsman Website: www.cms.hhs.gov/center/ombudsman.asp

COMPLAINTS: NOTIFICATION TO PATIENTS

All licensed ambulatory surgery centers are required to provide the patient and his/her guardian at the time of admission a written statement identifying the "department of State Health Services" as the responsible agency for ambulatory surgery center complaint investigations.

ANY COMPLAINTS MAY BE DIRECTED TO:

Department of State Health Services
Facility Licensing Group
1100 West 49th St
Austin, TX 78756
888-973-0022

OR

Health Facility Compliance Group
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

Complaint Hotline: 888-973-0022
Fax: 512-834-6653
Email: hfc.complaints@dshs.state.tx.us
Medicare Beneficiary Ombudsman Website: www.cms.hhs.gov/center/ombudsman.asp