This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

If you have any questions about this notice, please contact our Privacy Officer.

**This Practice’s Legal Duty:**
This Practice is required by law to maintain the privacy of protected health information to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of this Notice. These terms are described in this Notice of Privacy Practices ("Notice"). This Notice will be provided to our patients no later than the date of the first service delivery. We may change the practices described in this Notice and send you an updated Notice of Privacy Practices. You have a right to request a copy of this Notice at any time. There is no penalty or other disadvantage to you for requesting a copy of this Notice.

**Background:**
1. Timely, accurate, and complete health information must be collected, maintained, and made available to members of an individual’s healthcare team so that members of the team can provide accurate diagnosis and care for that individual.
2. Most consumers understand and have no objections to the use of their information. On the other hand, consumers may not be aware of the fact that their health information may also be used as:
   - 1. A legal document describing the care rendered;
   - 2. A tool in educating health professionals;
   - 3. A tool in evaluating the adequacy and appropriateness of care;
   - 4. A tool in educating health professionals;
   - 5. A source of information for public health officials charged with improving the health of the nation; and/or
   - 6. A source of data for facility planning and/or marketing.
3. Increasingly, consumers want to be informed about what information is collected and how it is used.
4. The federal standards for privacy of individually identifiable health information (also known as the HIPAA privacy rule), which require that certain standards or exceptions be followed for health plans, healthcare clearinghouses, and healthcare providers furnish individuals with a notice of information privacy practices. The federal standards also define an individual as a identifiable health information (also known as the HIPAA privacy rule), which require that certain standards or exceptions be followed for health plans, healthcare clearinghouses, and healthcare providers furnish individuals with a notice of information privacy practices. The federal standards also define an individual as a covered entity. Covered entities include health plans, healthcare clearinghouses, and healthcare providers furnish individuals with a notice of information privacy practices. The federal standards also define an individual as a covered entity. Covered entities include health plans, healthcare clearinghouses, and healthcare providers.
5. Most consumers understand and have no objections to the use of their information. On the other hand, consumers may not be aware of the fact that their health information may also be used as:
   - 1. A legal document describing the care rendered;
   - 2. A tool in educating health professionals;
   - 3. A tool in evaluating the adequacy and appropriateness of care;
   - 4. A tool in educating health professionals;
   - 5. A source of information for public health officials charged with improving the health of the nation; and/or
   - 6. A source of data for facility planning and/or marketing.

**How We Will Use and Disclose Medical Information About You:**
This Practice is required by law to maintain the privacy of protected health information. We will use your health information for treatment purposes. We may use and disclose medical information about you to tell you about the services and benefits that may be made by the covered entity, as well as the individual’s rights, and the covered entity’s legal duties with respect to protected health information.

**Who Will Follow This Notice:**
This Notice describes our practices and that of:
1. Any health care professional authorized to enter information into your chart;
2. All departments and units of the Practice;
3. Any member of the Practice’s staff who help you fulfill your health care responsibilities;
4. All employees, staff, and other personnel.

**Purpose of Notice:**
All of these members of your healthcare team will be recorded in your record and be used by the covered entity to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Practice. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

**This Practice is Required by law to:**
1. Maintain the privacy of your health information;
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Provide you with a copy of this Notice upon request;
4. Advise you of your right to a copy of your health record as provided for in 45 CFR 164.524;
5. Amend your health record as provided for in 45 CFR 164.528;
6. Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528;
7. A source of data for facility planning and/or marketing.

**Source of information for public health officials charged with improving the health of the nation:**
Public health:
1. To comply with legal requirements found in public health regulations and laws.
2. To comply with state or local laws with respect to individuals infected with HIV, tuberculosis, or other diseases.
3. To carry out public health measures, including surveillance, investigation, and intervention to prevent or control disease, injury, or disability.
4. To notify state or local public health officials if such research has been approved by an institutional review board that has reviewed the research protocol and has established protocols to ensure the privacy of your health information.

**Coroners, medical examiners, and funeral directors:**
We may disclose medical information about you to an entity assisting in a disaster relief.

**Workers compensation:**
We may release medical information about you to the extent required by law, including your work history, medical information, work history, and medical information.

**Research:**
If physicians in this Practice participate in a clinical study or other research with you, we may disclose medical information about you to researchers if such research has been approved by an institutional review board that has reviewed the research protocol and has established protocols to ensure the privacy of your health information.

**Food and Drug Administration (FDA):**
We may disclose medical information about you to the extent required by law, including your work history, medical information, work history, and medical information.

**Workers compensation:**
We may release medical information about you to the extent required by law, including your work history, medical information, work history, and medical information.

**Organ procurement organizations:**
We may release medical information about you to the extent required by law, including your work history, medical information, work history, and medical information.

**Correctional institution:**
We may release medical information about you to the extent required by law, including your work history, medical information, work history, and medical information.

**Public health:**
As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, reporting your exposure to certain dangerous substances, and other purposes to protect the health and safety of other individuals.

**Law enforcement:**
We may disclose medical information for law enforcement purposes as required by law to provide: (i) notification of the death of a person; (ii) information necessary to identify you or determine the cause of death; (iii) information necessary to locate a next of kin; or (iv) information necessary to protect you or another individual from harm.

**Business Associates:**
We may disclose medical information to transfer information to business associates whom we have obtained access to in order to provide you with quality care and to comply with certain legal requirements. We may also release medical information to a coroner or medical examiner in order to identify a deceased person and determine the cause of death.

**Organ procurement organizations:**
We may release medical information about you to the extent required by law, including your work history, medical information, work history, and medical information.

**Coroners, medical examiners, and funeral directors:**
We may disclose medical information about you to an entity assisting in a disaster relief.

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We may disclose medical information to transfer information to business associates whom we have obtained access to in order to provide you with quality care and to comply with certain legal requirements. We may also release medical information to a coroner or medical examiner in order to identify a deceased person and determine the cause of death.
Right to accounting of disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures you must submit your request in writing to this Practice. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free; we may charge you for the costs of providing additional lists. We will notify you of the costs involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

Right to request restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

For example: You could ask that we not use or disclose medical information about a surgery you had.

We are not required to agree to your request. If we do not agree, we will notify you in writing of our decision; what information we will use or disclose; and that you may file a complaint with the practice if you believe that your privacy rights have been violated.

To request restrictions, you must make your request in writing to this Practice. In your request, you must 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.

Right to confidential communication: 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 or by mail.

To request confidential communications, you must make your request in writing to this Practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to receive a copy of your health insurance claims payment notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Practice.

Changes to this notice: We reserve the right to change this notice at any time. We will post all new notices in the waiting room of the Practice. The notice will contain on the first page, in the top right-hand corner, the "Effective Date." In addition, each time you register at or are admitted to this Practice for treatment or health care services, we will make available to you a copy of the current notice in effect. We will post all new notices in the waiting room of the Practice. You can request a copy of our notice at any time.

Should we revise this notice because of a material change in the uses or disclosures of protected health information, to individual's rights, to our legal duties, or to other privacy practices stated in the notice, we will promptly revise and make available the new notice. Except when required by law, a material change in any term of the notice may not be implemented prior to the Effective Date of the notice in which such material change is reflected. Pursuant to the HIPAA privacy regulations, we will document compliance with the notice requirements by retaining copies of all notices issued.

Other uses of medical information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Providing care to our workforce - This provision only applies to health care provided to our work force. As a HIPAA covered healthcare provider that occasionally provides care to our work force for medical surveillance, work-related illness, or injury, we must provide written notice to individuals seeking such care at the time healthcare is provided or we must post this notice in a prominent place at the location where the healthcare is provided.

Confidentiality of drug and alcohol abuse patient records: The confidentiality of alcohol and drug abuse patient records rules in HIPAA establish the following notice provisions for patients of federally assisted drug or alcohol abuse programs:

1. At the time of admission or as soon thereafter as the patient is capable of rational communication, each substance abuse program shall communicate to the patient that federal law and regulations protect the confidentiality of alcohol and drug abuse patient records;
2. The program must provide the patient with a written summary of the federal law and regulations;
3. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless the patient consents in writing, the disclosure is allowed by court order, or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime and suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a patient either at the Practice or against any person who works for the Practice, or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

If you believe that your privacy rights as described in this notice have been violated, you may file a complaint with the practice at the following address or phone number:

Central Texas Gastroenterology Consultants
ATTN: Angela Ramsey, BSN, RN – HIPAA Officer
2206 E Villa Maria Rd
Bryan, TX 77802
979-776-4600

To file a complaint, you may either call or send a written letter. The practice will not retaliate against any individual who files a complaint. You may also file a complaint with the Secretary of the US Department of Health and Human Services . In addition, if you have questions about this notice, please contact the practice’s HIPAA Officer at the address or phone number listed above.