

This notice describes how medical information about you may be used and disclosed and how you can get access to the information.

Please read carefully before signing.

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required to:

1. Maintain the privacy of the medical information provided to us
2. Provide notice of our legal duties and privacy practices
3. Abide by the terms of our Privacy Act

The physician and employees at this location will follow the terms of this notice. In addition, these individuals may share medical information with each other for the treatment, payment, or health operation purposes described in this notice.

#### **Information collected about you**

In the ordinary course of receiving treatment and health care services from all of us, you will be providing us with personal information such as:

- Your demographic information
- Medical History
- Insurance information
- Other medical providers

In addition, we will gather certain medical information about you and will create a record of the care provided to you. There may be some information that may also be provided to us by other individuals or organizations that are not part of your “circle of care,” such as a referring physician, your other doctors, your health plan, and close family or friends.

#### **How we may use and disclose information about you**

We may use and disclosure personal and identifiable health information about you in different ways. All of the ways in which we may use and disclosure information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

**For treatment:** We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures.

**For payment:** We will use and disclose health information about you to bill for our services and to collect payment from you or your health plan. We may also need to inform your health plan of the tests you are about to receive in order to obtain prior-authorization or determine if services are covered.

**For health care operations:** We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organization, auditors, or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

**Public policy uses and disclosure:** There are a number of public policy reasons why we may disclose information about you. We may disclose health information about you when we are required to do so by federal, State or local law. We may disclosure protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the discretion of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, Environmental Protection Agency, to name a few. We are also permitted to disclosure PHI to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. We may disclosure your PHI in situations of domestic or elderly abuse. Additionally, we may disclose PHI to a person subject to the Food and Drug Administration’s power for the following activities: to report averse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance. We may disclose PHI in connection with certain health oversight activities of licensing or other agencies. Health oversight activities include audit, investigations, inspections, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of

1. The health care system
2. Governmental benefit programs for which health information is relevant to determining beneficiary legibility
3. Entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards
4. Entities subject to civil rights for which health information is necessary for determining compliance.

We may disclose information about you in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities. We may release PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release PHI to organ procurement organizations, transplant centers, or eye and tissue banks. We may release your PHI to worker’s compensation or similar programs.

Information about you will also be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

We may use or disclose certain PHI about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your PHI to prepare or analyze a research protocol and for other research purposes.

If you are a member of the Armed Forces, we may also release your PHI as required by the military command authorities. We also may release PHI about foreign military personnel to the appropriate foreign military authority.

We may disclose your PHI for legal and administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release PHI in the absence of such an order and in response to discovery or other lawful request, if efforts have been made to notify you or secure a protective order. If you are an inmate, we may release PHI about you to a correctional institution where you are incarcerated or to law enforcement officials.

Finally, we may disclose PHI for national security and intelligence activities and for the provisions of protective services to the President of the United States and other officials or foreign heads of state.

### **Our Business Associates**

We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

### **Individual involved in your care or payment for your care**

We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so. This includes people and organizations that are part of your "circle of care" such as your spouse, your other doctors, or an aide who may be providing service to you. Although we must be able to speak with your other physicians and health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

### **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

### **Imaging Alternatives**

We may use and disclose your personal and health information in order to tell you about or recommend possible imaging options, alternatives, or health-related services that may be interest of you.

### **Other uses of disclosure of personal information**

We are required to obtain written authorization from you or any other uses and disclosures of medical information other than those directly above. If you provide us with permission, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon original permission.

### **Individual rights**

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it. You have the right to request that you receive communications containing your protected health information from us by alternative means or alternative locations. For example, you may ask that we only contact you at home or by email, except under certain circumstances. You have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing. If you believe that information in your records is incorrect or incomplete, you have the right to ask us to amend the existing information or correct the missing information. Under certain circumstances, we may deny your request. You have the right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee. You have a right to a copy of this notice in paper form. You may ask for a copy at any time. To exercise any of your rights, please contact us in writing at:

**Dr. Rogers Wellness and Weight Loss Center**  
**2815 N. Loop 1604 E., Ste. 105**  
**San Antonio, Texas 78232**

### **Changes to this notice**

We reserve the right to make changes to this notice at any time. We reserve the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

### **Complaints/Comments**

If you have any complaints concerning our privacy policy, you may contact Lindsay Wood at 210-495-2117.