

<p style="text-align: center;"><b>TEXAS GULF COAST MEDICAL GROUP, PLLC</b> <b>NOTICE OF PRIVACY PRACTICES</b></p>
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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. *PLEASE REVIEW IT CAREFULLY.* Please sign page 4**

**Protecting your privacy**

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. Personal identifiers such as your date of birth, home address and telephone number(s) plus use your insurance card and driver's license are used as "Identifiers" and are considered protected information also. At Texas Gulf Coast Medical Group (hereinafter referred to as "**the Practice**"), privacy is one of our highest priorities.

**Keeping your information**

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

**Working to meet your needs through information**

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

**Keeping information accurate**

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone numbers or addresses listed on the second page. We take appropriate action to correct erroneous information as quickly as possible through a standard set of practices and procedures.

## **How – and why – information is shared**

We limit who receives information and what type of information is shared.

- *Sharing information within **the Practice**.* We share information within our company to deliver you the health care services and related information and education programs specified in your plan.
- *Sharing information with companies that work for us.* To help us offer you our services, we may share information with companies that work for us such as claim processing and mailing companies and companies that deliver health education and information directly to you. These companies act on our behalf and are obligated contractually to keep the information we provide them confidential.
- *Other.* Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give permission.

If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with other parties, including government agencies.

**The Practice** does not share any customer information with third-party marketers who offer their products and services to our patients.

## **Count on our commitment to your privacy**

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it's at our office, over the phone or through the Internet. You should know that at the present time, policy of **the Practice** prohibits using the Internet (email) to provide any protected health information. We cannot respond to email requests from you and will not send information to you via the Internet.

## **Other information you may need**

*We also want you to know how you can review and amend your records and how you can file a complaint if you believe the privacy of your health information has been disclosed or compromised. Please review the attached sheet.* TGCMG has consistently followed a practice of protecting your health information. This official notification is effective April 14, 2003. If we change our policies we will inform you.

**Texas Gulf Coast Medical Group 281-604-1300**

**Our Addresses: 250 Blossom, Suites 300 and 400, Webster TX 77598**

## **AMENDMENTS TO PROTECTED HEALTHCARE INFORMATION (PHI)**

As a patient of Texas Gulf Coast Medical Group (TGCMG), you have the right to review and amend your medical records under the Health Insurance Portability and Accountability Act (HIPAA).

To review your records for amendment purposes, you must complete a form and submit this to the Medical Records Department at the site where you wish to make the review. All reviews are conducted on-site with a member of the TGCMG present. If you decide to request amendment to the record, information you wish to include is to be provided on the form.

The physician(s) have the right to review and accept or reject your amendment. In either circumstance, the amendment will be included in your medical record. When your medical record is released, this information will be included. If the physician objects to the amendment, this objection will be noted in the record as well.

## **RECORDS OF DISCLOSURE OF HEALTH INFORMATION**

Texas Gulf Coast Medical Group maintains records to indicate when medical records were disclosed for other than Treatment, Operations or Payment. We are not required to maintain disclosure information for Treatment, Operations or Payment. Please refer to the authorization form for a description of how medical information is used within our group and between our group and your health insurance/payer.

Texas Gulf Coast Medical Group does not release information to outside parties without your express authorization. As a patient you have the right to ask to whom records were released (for other than treatment, operations or payment) and we have an obligation to provide that information to you.

If you want to obtain a record of disclosure, please contact our Medical Records department and obtain a form to request disclosure.

## **COMPLAINTS ABOUT PRIVACY OF YOUR HEALTH INFORMATION**

If you believe that your health information has been disclosed inappropriately or that we are not protecting your information, we want to know. You may file a complaint and contact our Privacy Officer by calling 281-604-1300 and speaking with our Privacy Officer. Or, you may file a complaint with the Secretary of Health and Human Services. To file a complaint with the Secretary of Health and Human Services via their internet site use the following email address: <http://cms.hhs.gov/hippa/hippa2/default.asp> or by sending a complaint to 7500 Security Boulevard, C5-24-04, Baltimore, Maryland 21244

**TEXAS GULF COAST MEDICAL GROUP, PLLC**  
Patient Consent and Acknowledgement of Receipt of Privacy Notice

I understand that as part of the provision of healthcare services, Texas Gulf Coast Medical Group, PLLC creates and maintains health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I have been provided with a Notice of Privacy Practices that provides a complete description of the uses and disclosures of certain health information and identifiers such as my name, date of birth, insurance card and driver's license, telephone number and address. It also explains how I may AMEND my medical records, obtain a RECORD OF DISCLOSURE or file a COMPLAINT regarding disclosure of my records. I understand that I have had the right to review the notice before signing this consent. I understand that the organization reserves the right to change their Notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations (quality assessment and improvement activities, underwriting, premium rating conducting or arranging for medical review, legal services and auditing functions, etc.) and that the organization is not required to agree to the restrictions requested.

By signing this form, I consent to the use and disclosure of protected health information about me for the purposes of treatment, payment and health care operations, this includes calling me for an appointment reminder. I have the right to revoke this consent, in writing, except where disclosures have been made in reliance on my prior consent.

**THIS CONSENT IS GIVEN FREELY WITH THE UNDERSTANDING THAT:**

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed for reasons outside of treatment, payment or health care operations without my prior written authorization, except as otherwise provided by law.
2. A photocopy or fax of this consent is as valid as the original
3. I have the right to request that the use of my Protected Health Information, which is used or disclosed for the purpose of treatment, payment or health operations be restricted. I also understand that Texas Gulf Coast Medical Group and I must:
  - i. Agree to any restriction in writing that I request on the use and disclosure of my protected health information; and
  - ii. Agree to terminate any restrictions in writing on the use and disclosure of my Protected Health Information which have been previously agreed upon.

\_\_\_\_\_  
Patient's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature (Or Guardian, if a minor)