

**HIGH PLAINS PRIMARY CARE
NOTICE OF PRIVACY PRACTICES (NPP)**

High Plains Primary Care is required by Texas and Federal law to maintain protected health information, to provide individuals with HPPC's Notice of Privacy Practices, and to notify individuals involved if the individual's protected health information is used and/or disclosed in a manner not permitted by Texas or Federal law. We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive at High Plains Primary Care. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this notice that is currently in effect.

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

If you have any questions about this notice or if you need more information, please contact:

High Plains Primary Care
Attn: Privacy Officer
5713 82nd Street
Lubbock, Texas 79424

Please be assured that you will not be penalized and there will be no retaliation for voicing a concern or filing a complaint. You may also send a complaint to the Secretary of the Department of Health and Human Services.

WHAT IS PROTECTED HEALTH INFORMATION ("PHI")? - PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.
- **HOW WE MAY USE AND DISCLOSE YOUR PHI** - We may use and disclose your PHI in the following circumstances:
 - For Treatment – Your PHI may be discussed by caregivers to determine our plan of care. The physicians, nurses, medical students, and other healthcare personnel may share PHI in order to coordinate the services you may need.
 - To Obtain Payment - We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party.
 - Health Care Operations - We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the treatment and services you receive and to evaluate the performance of our staff in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
 - Appointment Reminders - We may use and disclose PHI to contact you to remind you that you have an appointment for medical care.
 - Minors - We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
 - Research - We may use and disclose your PHI for research purposes in specific instances if approved and established safeguards are in place to ensure privacy.
 - As Required by Law - We will disclose PHI about you when required to do so by international, federal, state, or local law.
 - To Avert a Serious Threat to Health or Safety - We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
 - Business Associates - We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
 - Organ and Tissue Donation - we may use or disclose your PHI to organizations for the purpose of organ procurement or donation.
 - Military and Veterans - If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
 - Workers Compensation - We may use or disclose PHI for workers compensation laws.
 - Public Health Risks – We report to public health authorities as required by law. This includes information regarding births, deaths, various diseases, reactions to medications and medical products.
 - Abuse, Neglect, or Domestic Violence - We may disclose PHI to the appropriate government authority when cases of abuse or neglect are suspected.
 - Health Oversight Activities - We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
 - Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
 - Law Enforcement - We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

- Military Activity and National Security - If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- Coroners, Medical Examiners, and Funeral Directors - We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

YOU MAY OBJECT TO THE FOLLOWING USE OF PHI:

- Information shared with family, friends, or others - Unless you object, we may release your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare.
- Payment for Your Care - Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- Disaster Relief - We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- Fundraising Activities - We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

YOUR WRITTEN PRIOR AUTHORIZATION IS REQUIRED TO RELEASE YOUR PHI IN THE FOLLOWING SITUATIONS:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation. Your Rights Regarding Your PHI You have the following rights, subject to certain limitations, regarding your PHI:

- Inspect and Copy - You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- Electronic Copy of Electronic Medical Records - If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
- Receive Notice of a Breach - You have the right to be notified upon a breach of any of your unsecured PHI.
- Request Amendments - If you feel that the PHI, we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an 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.
- Accounting of Disclosures - You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. The first accounting of disclosures you request within any 12- month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the list. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- Request Restrictions - You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- Request Confidential Communications - You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.
- Paper Copy of This Notice - You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by visiting our website: HIGHPLAINSPRIMARYCARE.COM or contact our office by phone: 806-993-6560.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice at any time. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.