

NOTICE OF PRIVACY PRACTICES

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

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other health care providers to assist them in treating you.

For Payment: we may use and disclose your medical information for payment purposes. A bill may be sent to you or a third party payer.

For Health Care Operations: We may use and disclose your medical information for our health care operations.

Notifications: We may use and disclose medical information to notify or help notify: a family member, your personal representative or other person responsible for your care. We will share information about your location, general condition, or death. In case of emergency, and if you are not able to give or refuse permission., we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders.

Appointment Reminders: We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

YOUR INDIVIDUAL RIGHTS

You have a right to:

1. Look at or get copies of certain parts of your medical information. You must make a request in writing and charges may apply.
2. Request that we place additional restrictions on our use of disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of an emergency).

Only the most common use and disclosure have been listed, not every use or disclosure has been listed. If you wish to get the entire listing of uses and disclosures you may request this and we can provide it directly to you.

This notice of privacy practices is a summary highlighting the most commonly uses and disclosures seen in our practice. This is done in order to make the process more understandable for your patients. If you wish to have a full length copy, please ask us to provide in writing.

By signing below, I understand the Notice of Privacy Practices and can get a copy to take home whenever I want.

Signature of Patient/Legally Authorized Representative

Date

If signed by Legally Representative, please indicate relationship to patient_____

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