



Effective 4/14/03
Revised 7/1/09

NOTICE OF PRIVACY PRACTICES WellMed Medical Management, Inc.

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.

If you have any questions about this notice please call or write to our Corporate Compliance Officer (210) 617-4712 or 8637 Fredericksburg Rd #360, San Antonio, Texas 78240.

Purpose of this Notice

This Notice of Privacy Practices describes how WellMed Medical Management, Inc. may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your protected health information. "Protected Health Information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are legally required to abide by the terms of this Notice of Privacy Practices and to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests that you may make to communicate PHI by alternative means or at alternative locations;
- Obtain your written authorization to use or disclose your PHI for purposes other than those listed below and permitted under law; and
- Follow the terms of the notice that currently is in effect.

1. Uses & Disclosures of Protected Health Information

WellMed Medical Management, Inc. may use and disclose your PHI for treatment, payment and health care operations. WellMed Medical Management, Inc. may use or disclose your PHI as described in this Section 1. Your PHI may be used and disclosed by WellMed Medical Management, Inc., our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of WellMed Medical Management, Inc.

The following are examples of the types of uses and disclosures of your PHI that WellMed Medical Management, Inc. is permitted to make. These examples are not meant to be inclusive, but to describe the types of uses and disclosures that may be made by our office.

A. **Treatment**: WellMed Medical Management, Inc. may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. WellMed Medical Management, Inc. may also disclose PHI to other physicians who may be treating you. Your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, WellMed Medical Management, Inc. may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of WellMed Medical Management, Inc., becomes involved in your care by providing assistance with your health care diagnosis or treatment to WellMed Medical Management, Inc.

B. **Payment**: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be reviewed prior to payment.

C. **Healthcare Operations**: WellMed Medical Management, Inc. may use or disclose, as needed, your PHI in order to support the business activities of WellMed Medical Management, Inc.. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for WellMed Medical Management, Inc. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

2. Uses and Disclosures of Protected Health Information BASED UPON YOUR WRITTEN AUTHORIZATION

Certain other uses and disclosures (purposes other than treatment, payment and health care operations) of your PHI may be made ONLY with your written authorization (such as the disclosure of psychotherapy notes), unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that WellMed Medical Management, Inc. has taken an action in reliance on the use or disclosure indicated in the authorization.

3. Uses and Disclosures THAT REQUIRE AN OPPORTUNITY TO AGREE OR OBJECT

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the PHI, then WellMed Medical Management, Inc. may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. We may use and disclose your PHI in the following instances:

A. **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

B. **Emergencies:** WellMed Medical Management, Inc. may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

4. Uses and Disclosures That DO NOT REQUIRE AN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

WellMed Medical Management, Inc. may use or disclose your PHI in the following situations:

A. **Required By Law:** WellMed Medical Management, Inc. may use or disclose your protected health information to the extent the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

B. **Public Health:** WellMed Medical Management, Inc. may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

C. **Communicable Diseases:** WellMed Medical Management, Inc. may disclose your protected health information, if authorized by law in connection with a public health intervention or investigation, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

D. **Health Oversight:** WellMed Medical Management, Inc. may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

E. **Abuse or Neglect**: WellMed Medical Management, Inc. may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with requirements of applicable federal and state laws and you will be informed of such disclosure unless, in the exercise of WellMed Medical Management, Inc.'s judgment, informing you would place you at risk of serious harm.

F. **Food and Drug Administration**: WellMed Medical Management, Inc. may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

G. **Legal Proceedings**: WellMed Medical Management, Inc. may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law), in certain conditions in response to a subpoena, discovery request or other lawful process.

H. **Law Enforcement**: WellMed Medical Management, Inc. may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) limited information requests for identification and location purposes, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the practice, and (5) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

I. **Coroners, Funeral Directors, and Organ Donation**: WellMed Medical Management, Inc. may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

J. **Research**: WellMed Medical Management, Inc. may disclose your PHI to researchers when the research has been approved by an institutional review board which has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

K. **Criminal Activity**: Consistent with applicable federal and state laws, WellMed Medical Management, Inc. may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

L. **Military Activity and National Security**: When the appropriate conditions apply, WellMed Medical Management, Inc. may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to

authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

M. **Workers' Compensation**: Your PHI may be disclosed by WellMed Medical Management, Inc. as authorized to comply with Texas Workers' Compensation laws and other similar legally-established programs, in cases of a work-related injury.

N. **Inmates**: WellMed Medical Management, Inc. may use or disclose your PHI if you are an inmate of a correctional facility and WellMed Medical Management, Inc. created or received your PHI in the course of providing care to you.

O. **Required Uses and Disclosures**: Under the law, WellMed Medical Management, Inc. must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Patient Rights

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

1. **You have the right to inspect and copy your protected health information**. This means you may request, in writing, to inspect and/or obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that WellMed Medical Management, Inc. uses for making decisions about you. WellMed Medical Management, Inc. will act upon your request within 15 days of receipt if the records are onsite or 30 days if offsite. WellMed Medical Management, Inc. may charge you a fee for copies which is less than or equal to fees set by the Texas Board of Medical Examiners and may condition the release of such copies on receipt of payment. You must schedule an appointment for all inspection requests.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. If we deny your request for inspection or copying of your records, we will send you a written denial. A decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Corporate Compliance Office if you have questions about access to your medical record.

2. **You have the right to request a restriction of your protected health information**. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your case, like a family member or friend. We are not always required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make a request in writing and describe the information you want restricted, state if the restriction is limited to our use or disclosure or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Send your request to the WellMed Compliance Office, 8637 Fredericksburg Road, Suite 360, San Antonio, Texas, 78240.

3. **You have the right to request different ways to receive confidential communications from us by alternative means or at an alternative location.** WellMed Medical Management, Inc. will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our WellMed Medical Management, Inc. Privacy Officer.

4. **You have the right to amend your protected health information.** If you feel that PHI we have about you 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 us. To request an amendment, a request must be made in writing to the WellMed Compliance Office, 8637 Fredericksburg Road, Suite 360, San Antonio, Texas, 78240. In addition, you must provide a reason that supports your request. In certain cases, we may deny your request for an amendment if we believe the information is complete and accurate, or is not part of the medical information that you would be permitted to inspect or copy or we did not create the information. If we deny your request for 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. WellMed Medical Management, Inc. will act upon a request within to 60 days of receipt.

5. **You have the right to receive an accounting of certain disclosures of your protected health information that we may have made.** This right applies to disclosures for non-routine purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. We will not include the following disclosures:

- Those made for treatment, payment, and health care operations;
- Those made to you about your own PHI;
- Those made to persons involved in your care or other notification purposes;
- Those made pursuant to an authorization signed by you disclosing specific uses and disclosures;
- Where the disclosures are part of a Limited Data Set;
- Where the disclosures are incidental to an otherwise permissible disclosure;
- For national security or intelligence purposes; and
- To correctional institutions or law enforcement custodial situations

To request a list or accounting of disclosures, you must submit a request in writing to the WellMed Compliance Office, 8637 Fredericksburg Road, Suite 360, San Antonio, Texas, 78240. Your request must state a time period that may not be longer than six years from the date of services and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (i.e., paper or electronic). Your first request within a 12-month period is free; however, WellMed Medical Management, Inc. may charge for additional requests within the same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. WellMed Medical Management, Inc. will act upon your request within 60 days of receipt of the request.

6. **You have the right to object or agree to certain uses and disclosures of your protected health information** that we may share about your condition with family members or a public agency in emergency situations. To object, please contact the WellMed Compliance Officer.

7. **You have the right to obtain a paper copy of this detailed notice from us**, upon request, even if you have agreed to accept this notice electronically. You may also obtain an additional copy of this notice from our website, www.wellmedmedicalgroup.com. To obtain a paper copy of this notice, please contact the WellMed Compliance Office at (210) 617-4712.

Changes To This Notice

We reserve the right to change our information practices and to make the any new provisions effective for all PHI we maintain. We also reserve the right to change this notice at any time. We reserve the right to make the revised to changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website at www.wellmedmedicalgroup.com. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints

You may complain to us or directly to the Secretary of Health and Human Services (HHS) if you believe your privacy rights have been violated by us. WellMed Medical Management, Inc. will not retaliate against you for filing a complaint. A complaint must be filed within 180 days of when you knew or should have known the act or omission occurred unless the HHS Secretary for good cause shown waives the time limit.

You may file a complaint by calling or writing to our WellMed Medical Management, Inc. Compliance Officer, at (210) 617-4712, Fax (210) 694-0290 or 8637 Fredericksburg Rd., Suite 360, San Antonio, Texas 78240 for further information about the complaint process. The Secretary of the Department of Health and Human Services can be contacted at:

Texas Health and Human Services
Office of Civil Rights
801 West Freeway, 6th Floor
Grand Prairie, Texas, 75051
(972) 337-6265, Fax (972)337-6153, TTY (972) 337-6360.
Additional Information is also available on their website located at:
<http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>

Outside of Texas, please contact

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Additional Information is also available on their website located at:
<http://www.hhs.gov/ocr/privacy/index.html>

This notice was originally published and effective on April 14, 2003 and revised on July 1, 2009.