



A PATIENT'S BILL OF RIGHTS

1. The patient has the right to considerate and respectful care given by competent personnel
2. A patient has the right to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care, and the names and functions of other persons having direct contact with the patient
3. A patient has the right to consideration of privacy concerning his own healthcare program. Case discussion, consultation, and examination are considered confidential and shall be conducted discreetly.
4. A patient has the right to have records pertaining to his care treated as confidential except as otherwise provided by law.
5. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
6. The patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications.
7. The patient has the right to be informed about unanticipated outcomes of care.
8. The patient has the right to file a grievance or complaint pertaining to the provision of any patient services with the hospital or the grievance or complaint may be directed to the licensing department of the state of Texas.
9. The practitioner shall obtain the necessary informed consent prior to the start of a procedure.
10. The patient has the right to appropriate assessment and management of pain.
11. A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when the practitioner is considering the patient as part of a medical care research program or donor program, and the patient or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he has previously given informed consent.
12. A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
13. A patient has the right to services without discrimination based on age, race color, religion, national origin, handicap, disability, sexual orientation, or veteran status,.
14. The patient who requires communication assistance should have access, where possible, to an interpreter.
15. The patient has the right to access information contained in the patient's medical record, within the limits of state and federal law, by each patient or patient's designated representative.
16. The patient has the right to examine and receive a detailed explanation of his bill.
17. A patient has the right to have an advance directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning treatment or designating a surrogate decision maker with the intent of that directive to the extent permitted by law. If a copy of the advance directive is available at the Center and the patient's health status requires transfer to a hospital a copy of the advance directive will be sent with the patient.

PRIVACY NOTICE

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.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we 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. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information The center may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the center has obtained your authorization or the HIPAA privacy regulations or state law otherwise permits the use or disclosure. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

A. Treatment We will use and disclose your protected health information 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 treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the center with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the visit or procedure that we have scheduled. For example, we may need to disclose information to your health insurance company to get prior approval for an x-ray procedure. We may also disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information.

C. Operations We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of the center and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your appointment date, to follow-up with you regarding care provided by the center, to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may be of interest to you. We may use or disclose your protected health information to perform collection activities on behalf of an insurance company, physicians office, or other treatment center. This contact may mean leaving a message on an

answering machine or voice-mail. If you do not wish for use to leave a message on an answering machine or with an individual other than yourself who answers the phone, please inform the receptionist of this restriction.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required We will disclose your protected health information when we are required to do so by any federal, state or local law.

B. When There Are Risks to Public Health We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Suspected Abuse, Neglect Or Domestic Violence We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities We may disclose your protected health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection With Judicial And Administrative Proceedings We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the center has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information 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.

H. In the Event of a Serious Threat to Health or Safety We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such