

NOTICE OF PRIVACY PRACTICES
Killeen Digestive Disease Consultants, PA
Dr. Xiaotaun Zhao

NOTICE OF PRIVACY PRACTICES

Effective Date: August 1, 2013

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 contact:

Kelly Higgins

Phone: 254-519-8490

Fax: 254-519-8495

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements.

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you. This notice will also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of your health information; give you this notice or our legal duties and privacy practices and make good faith efforts to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your health information, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. You will be asked to complete a written authorization form.

If you request a copy of the information, we may charge a fee for costs of copying, mailing, or other supplies and services associated with your request. We may require that you pay such fee prior to receiving copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request the denial to be reviewed. Another licensed health care professional chosen by Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Amendment. If you believe that our records contain information 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 or for Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao. We may deny your request for amendment, if you fail to

complete the required form in its entirety. In addition, we may deny your request, if you ask us to amend the information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you, with certain exceptions specifically defined by law.

To request this list or accounting for disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice.

Your request must state a time period which may not be longer than six years and may not include dates before January 1, 2007. Your request should indicate in what form you want the list (for example: on paper, electronically, etc). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. 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. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not 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 complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. **Right to Request Alternative Methods of Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request an alternative method of communication, you must complete a specific form providing information we need to process your request To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. **Right to Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically., you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please contact the person identified on the first page of this Notice.

COMPLAINTS

If you believe your rights with respect to health information about you have been violated by Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao, you may file a complaint with Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao or with the Secretary of the Department of Health and Human Services. To file a complaint with Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao, contact the person identified on the first page of this Notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION.

The following categories describe different ways we are permitted to use and disclose health information without specific authorization from you. If you desire to restrict our use of your health information for any reason of these purposes, you need to submit a request for restrictions in the manner described For Treatment. We may use information about you to provide you with medical treatment or sendees. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao's. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing

process. Different departments of Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.

We also may disclose health information about you to people outside Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao who may be involved in your medical care after you leave Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity, however, to restrict such communications. We may disclose health information about you to other health care providers who request information for purposes of providing medical treatment to you.

For Payment. We may disclose health information about you so that the treatment and sendees you receive at Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao may be billed to and payment may be collected from you, an insurance company, or other third *party*. For example, may need to give you health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider. We may also provide information to a health plan for purposes of arranging payment for treatment and services provided to you.

For Health Care Operations. We may also use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao's office and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and sendees and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what sendees are not needed, and whether certain new treatments are effective. We may also disclose information to doctors,

nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and sendees we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship or purposes of that provider's or plan's internal operations.

Appointment Reminders. We may use and disclose health information about you to contact you as a reminder that you have an appointment for treatment or medical care at Killeen Digestive

Disease Consultants, PA; Dr. Xiaotaun Zhao's office. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao and asking you to return our call. Unless we are specifically instructed by you otherwise in a particular circumstance, we will not disclose any health information

to any person other than you who answers the phone except to leave a message for you to return the call.

Surveys. We may use and disclose health information to contact you to assess your satisfaction with our services.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to provide you with promotional gifts of nominal value.

Business Associates. There are some sendees provided in our organization through contracts or arrangements with business associates. For example, we may contract with a copy sendee to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

Individuals Involved In Your Care or Payment for Your Care. We may release health information about you to a friend or family member who is involved in your medical care. We may also give information about you to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information. Before we use or disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care with Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao. As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Employers. We may release health information about you for workers' compensation or similar programs.

These programs provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose health information about you for public health activities. These activities

generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;

- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, of domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order, We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested,

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao's office; and
- In emergency circumstances to report a crime; the location of the crime or victims; of the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Protective Sendees for the President and Others. We may release health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Inmates/Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety of the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our facility and on our website. This notice will contain on the first page the effective date.

ACKNOWLEDGEMENT.

You will be asked to provide a written acknowledgement of your receipt of this Notice. We are required by law to make a good faith effort to provide you with our Notice and obtain such acknowledgement from you.

However, your receipt of care and treatment from Killeen Digestive Disease Consultants, PA; Dr. Xiaotaun Zhao is not conditioned upon your providing the written acknowledgement.