C. Operations. We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the provider 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, trainers, or practitioners in health care team under supervision
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs
- 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 healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment
- 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
- To contact you to raise funds for the provider or an institutional foundation related to the provider. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

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

A. Treatment. We will 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, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician 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 insurer to get approval for the treatment that we provide. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval for the hospitalization. We may also disclose protected health information to your 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 your services, we may also need to disclose your protected health information to your 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.

C. 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 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.

D. 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 or in response to a subpoena in some circumstances.

E. 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 provider has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

F. 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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

G. For Research Purposes. We may use or disclose your protected health information for research purposes. You will be use or disclosure if research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

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 use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

I. For Special Government Functions. In certain circumstances, the Federal regulations authorize the provider to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

J. For Worker's Compensation. The provider may release your health information to a worker's compensation law or similar programs.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object.
We may disclose your protected health information to your family member or a close friend if it is directly relevant to the person’s involvement in your care or payment related to your care. We can also disclose your information in response to a request by or notify family member or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described in the following sections.

IV. Uses and Disclosures, Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Patient Responsibilities

Keep Your Health Care Providers Accurately Informed—A patient or his or her parent or legally designated representative has the responsibility to provide, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his or her health. He or she has the responsibility to report unexpected changes in his or her condition to the responsible practitioner. A patient or his or her parent or legal designated representative is responsible for making it known whether he or she comprehends a contemplated course of action and what is expected of him or her following treatment.

Follow Your Treatment Plan—A patient or his or her parent or legally designated representative is responsible for following the treatment plan recommended by the practitioner primarily responsible for the patient's care/services. This may include following the instructions of health care personnel as they carry out the coordinated plan of care/services and implement the responsible practitioner's orders and as they enforce the applicable clinical rules and regulations.

Keep Your Appointments—The patient is responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible practitioner of the change.

Be Responsible For Any Decision You Make Not To Follow Your Treatment Plan, and Keep Your Health Care Providers Accurately Informed—A patient or his or her parent or legally designated representative is responsible for his or her actions if he or she refuses treatment or does not follow the practitioner's instructions. If the patient cannot follow through with the treatment, he or she is responsible for informing the physician.

Be Responsible For Your Own Lifestyle Choices—A patient's health depends not just on the care or his or her care/services, but in the long term, on the decisions he or she makes in daily life. He or she is responsible for recognizing the effect of lifestyle choices on his or her personal/life.

VI. Patient Rights Regarding Health Information

A. The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the provider uses for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access is requested is likely to endanger your life or safety or that of another person, or that it is likely to result in the identification of another person involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization.

B. The right to request a restriction on uses and disclosures of your protected health information. You are permitted to request that we not disclose parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom the restriction or the limit should apply.

We are required by law to maintain the privacy of your health information. A “designated record set” contains medical and billing information and to provide you with this Notice of our duties and privacy practices. The provider is not required to agree to a restriction that you may request. We will accommodate restrictions to the extent required by law. We will not request an extension of the restriction beyond thirty days.

The provider is required to maintain the confidentiality of your protected health information for as long as we maintain the record set. We may disclose your protected health information to a third party for payment or health care operations as described in this Notice of Privacy Practices. We are required to abide by the terms of this Notice of Privacy Practices as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the provider changes its Notice, we will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail or through in-person contact.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this by asking you for information as to how payment will be handled or specification of an alternative address or other methods of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to have your physician amend your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. 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. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendment.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the provider. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to request a complete copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VII. Our Duties

The provider is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the provider changes its Notice, we will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail or through in-person contact.

A. The right to inspect and copy the provider to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may file a complaint with the provider by contacting the provider's Privacy Officer verbally or in writing, using the contact information below. We encourage you express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

The provider's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. You may file a complaint regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the provider can be mailed to the Privacy Officer by sending it to: Privacy Officer Mrs. Karen Freeman 2833 Balboke Rd., Suite 304 San Antonio, TX 78229

Mark the envelope as Personal and Confidential.