

PRIVACY NOTICE

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

This notice is to inform you that your confidential healthcare information may be disclosed for purposes of treatment, payment for services and during healthcare operations. It also describes your rights to access and control your confidential healthcare information.

Uses and Disclosures of Protected Health Information:

Your confidential information may be disclosed by your physician, our office staff and others outside our office for continuation of quality healthcare. Your confidential information cannot be disclosed for purposes other than those which our outlined in this notice.

Treatment: Our office will use and disclose your confidential health information to provide, coordinate or manage your healthcare and any related services. This may include coordination or management of your healthcare with a third party and or during an emergency. For example we would disclose your confidential information, as needed, to another physician who we may refer you to, a home health agency or a rehab agency that will provide care to you. This information is given with the intent the physician or agency has the necessary information to diagnose or treat you.

Payment: Your confidential information will be used, as needed, to receive payment healthcare services that have been provided to you. For example obtaining approval for a hospital stay may require to disclose confidential information to obtain approval for hospital admission.

Healthcare Operations: We may use or disclose your confidential information during our regular business activities. This activities include but our not limited: quality assessment, employee review activities, and training of medical or physician assistant student. For example we may disclose your confidential information to medical or physician assistant students that see patients in our office. In addition, we will also call you by name in the waiting room when your physician is ready to see you and you may be contacted by office personnel to remind you of your appointments, healthcare treatment options or other health care services that be of interest to you.

We may use or disclose your confidential healthcare information without your authorization in the following situations. As required by law, this situation include public health issues such as, communicable diseases, defective devices or a food or medication reaction. Your confidential information may also be disclosed to public offices or law enforcement agencies in an investigation in which you are victim of abuse, a crime or domestic violence.

Your Rights:

The following is a statement of your rights with respect to your confidential health information. You have the right to restrict the use of disclosure of your confidential health information. This means that you have the right to restrict family members, friends or others involved in your healthcare services from your confidential information. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician may choose not to agree with your request if he believes its in your best interest to permit use and disclosure of your information or during an emergency. You have the right to look for another Healthcare Provider.

You have the right to receive confidential communication about your healthcare status and have the right to request a copy of any and or all portions of your healthcare information. In addition, you also have the right to know who has obtained your confidential information and for what reason you have the right to request changes to be made to your confidential information.

You have the right to have a copy of this Privacy Notice upon your request. In addition, we reserve the right to make changes to this notice and to continue to maintain the confidentiality of all healthcare information. The physician office is required by law to protect the privacy of its patients.

Complaints:

You may complain to the Privacy Officer of this office, Dr. Pedro Penalo and the Secretary of Health and Human Services if you believe your rights have been violated. If you feel your privacy rights have been violated, please mail your complain to :

ATTN: Privacy Officer
Weslaco Medical Clinic
906 S. Bridge Ave.
Weslaco, TX 78596

All complaints will be investigated. We will not retaliate against you for filling a compliant. If you have any questions about this Privacy Notice, please contact the Privacy Officer at (956)447-8600.

I have read this Privacy Notice and was given an opportunity to object to disclosures of my confidential health information.

Patient's Signature

Witness

Date: _____