

**NOTICE OF PRIVACY PRACTICES**  
**Tran Physician Group**  
**5715 114th Street, Lubbock, TX 79424**  
**(806) 712-5715**

**OUR RESPONSIBILITIES:**

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to a restriction that you have requested.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

We may use or disclose your PHI (PHI) to provide medical treatment and/or services in order to manage and coordinate your medical care.

- **Payment:** Your PHI will be used to obtain payment for your health care services. This use and disclosure may also include determining benefits eligibility, and prior authorization.
- **Health Care Operations:** We may use and disclose medical information about you to support our health care operations. For example, we may use medical information to make sure you receive the highest quality care. We may also call you by name in the lobby when your physician is ready to see you. We may use your PHI to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Minors:** PHI of minors will be disclosed to their parents or legal guardians, unless prohibited by law.
- **As Required by law:** We will use or disclose your PHI when required to do so by local, state, or federal, and international law.
- **For Abuse, Neglect, and Domestic Violence:** Your PHI will be disclosed to the appropriate government agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat.
- **Judicial and Administrative Proceedings:** We may disclose medical information about you to law enforcement officials upon their request. Examples include, but are not limited to, in response to a court order, subpoena, or other similar process.
- **Law Enforcement:** We will disclose your PHI for law enforcement purposes when all applicable legal requirements have been met. This includes, but is not limited to, law

enforcement due to identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena.

- **Funeral Directors, Coroners and Medical Examiners:** We may disclose PHI to these persons consistent with applicable law in order for them to carry out their duties.
- **Public Health:** Your PHI may be disclosed and may be required by law to be disclosed for public health risks. This includes: reports to the Food and Drug Administration (FDA) for the purpose of quality and safety of an FDA-regulated product or activity; to prevent or control disease; report births and deaths; report child abuse and/or neglect; reporting of reactions to medications or problems with health products; notification of recalls of products; reporting a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law.
- **Inmates:** If you are or become an inmate of a correctional facility or under the custody of the law, we may disclose PHI to the correctional facility if the disclosure is necessary for your institutional health care, to protect your health and safety, or to protect the health and safety of others within the correctional facility.
- **Military, National Security, and other Specialized Government Functions:** If you are in the military or involved in national security or intelligence, we may disclose your PHI to authorized officials.
- **Immunizations:** We will provide proof of immunizations to a school that requires a patient's immunization record prior to enrollment or admittance of a student in which you have informally agreed to the disclosure for yourself or on behalf of your legal dependent.
- **Worker's Compensation:** We will disclose only the PHI necessary for Worker's Compensation in compliance with Worker's Compensation laws. This information may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.
- **Practice Ownership Change:** If our medical practice is sold, acquired, or merged with another entity, your PHI will become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another physician.
- **Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Business Associates:** We may disclose your PHI to our business associates who provide us with services necessary to operate and function as a medical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing

or transcription services that require access to a limited amount of your health information. All of our business associates are obligated to protect the privacy of your information and comply with the same HIPAA privacy and security rules in which we are obligated.

### **USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT OUT:**

- **Communication with family and/or individuals involved in your care or payment of your care:** Unless you object, disclosure of your PHI may be made to a family member, friend, or other individual involved in your care or payment of your care in which you have identified.
- **Disaster:** In the event of a disaster, your PHI may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object.

### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION:**

The following uses and disclosures of your PHI will be made only with your written authorization. If you provide us with authorization, you may revoke it at any time by submitting a request in writing:

- Uses and disclosures of PHI for marketing purposes.
- Disclosures for marketing purposes and sale of your PHI.

### **PHI AND YOUR RIGHTS:**

The following are statements of your rights, subject to certain limitations, with respect to your PHI:

- **You have the right to inspect and copy your PHI (reasonable fees may apply):** Pursuant to your written request, you have the right to inspect and copy your PHI in paper or electronic format. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. We have up to 30 days to provide the PHI and may charge a fee for the associated costs.
- **You have a right to a summary or explanation of your PHI:** You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when you request your entire record.
- **You have the right to obtain an electronic copy of medical records:** You have the right to request an electronic copy of your medical record for yourself or to be sent to another

individual or organization when your PHI is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

- **You have the right to receive a notice of breach:** In the event of a breach of your unsecured PHI, you have the right to be notified of such breach.
- **You have the right to request Amendments:** At any time if you believe the PHI we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.
- **You have a right to receive an accounting of certain disclosures:** You have the right to receive an accounting of disclosures of your PHI. An “accounting” being a list of the disclosures that we have made of your information. The request can be made for paper and/or electronic disclosures and will not include disclosures made for the purposes of: treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.
- **You have the right to request restrictions of your PHI:** You have a right to restrict and/or limit the information we disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict the information we use or disclose for treatment, payment, and/or health care operations. Your request must be submitted in writing and include the specific restriction requested, whom you want the restriction to apply, and why you would like to impose the restriction. Please note that our practice/your physician is not required to agree to your request for restriction with the exception of a restriction requested to not disclose information to your health plan for care and services in which you have paid in full out-of-pocket.
- **You have a right to request to receive confidential communications:** You have a right to request confidential communications from us by alternative means or at an alternative location. For example, you may designate we send mail only to an address specified by you which may or may not be your home address. You may indicate we should only call you on your work phone or specify which telephone numbers we are allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a request with specific instructions in writing.
- **You have a right to receive a paper copy of this notice:** Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time.

**CHANGES TO THIS NOTICE:**

We reserve the right to change the terms of this notice and will notify you of such changes. We will also make copies available of our new notice if you wish to obtain one. **We will not retaliate against you for filing a complaint.**

**COMPLAINTS:**

If at any time you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the privacy officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

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If you have any questions regarding this notice, please contact:

April Luna, Office Manager  
5715 114th Street  
Lubbock, TX 79424  
(806) 712-5715  
[aalyson.luna@yahoo.com](mailto:aalyson.luna@yahoo.com)