



**This Joint Notice of Privacy Practices (Notice) applies to the following organizations:
Family ER + Urgent Care Center and its medical staff**

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

This Notice of Privacy Practices identifies the general ways your protected health information can be used or disclosed. Protected health information is the individually identifiable personal health information found in your medical and billing records. This information is created or received by a health care provider, insurance company or employer, and relates to your past, present, or future physical or mental health conditions. This information can be transmitted or maintained in any form by Family ER + Urgent Care Center.

This Notice describes your legal rights regarding your health information. It also informs you of the legal duties and privacy practices. If you receive services by your physician or a health care provider at a different location, there may be different health information privacy policies or notices, and there will be different contact information.

For the purposes of this Notice, the terms "Family ER + Urgent Care Center", "we" and "our" refer to Family ER + Urgent Care Center and its medical staff only with respect to health information generated or maintained at Family ER + Urgent Care Center.

Family ER + Urgent Care Center organizations and their medical staffs participate in an Organized Health Care Arrangement under HIPAA for the purpose of sharing protected health information for treatment, payment, and health care operations. Family ER + Urgent Care Centers and their respective Medical Staff members are independently responsible for complying with this Notice.

OUR LEGAL DUTIES

We are required, by law, to keep your identifiable health information private; provide you with this Notice of our legal duties and privacy practices with respect to your health information; and follow the terms of the Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice, as long as it is in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following information describes how we are permitted, or required by law, to use and disclose your health information. Not every use or disclosure in a category will be listed.

TREATMENT

We may use or disclose your medical information to a physician or other health care provider in order to provide care and treatment to you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments at Family ER + Urgent Care Center also may share information about you in order to coordinate the different services you receive, such as lab work, X-Rays, and prescriptions. We also may disclose medical information about you to those who may be involved in your medical care outside Family ER + Urgent Care Center, such as physicians who provide you follow-up care and medical equipment or product suppliers. We may contact you to provide appointment reminders and to provide you with information about health-related benefits and services at Family ER + Urgent Care Center, or treatment alternatives that may be of interest to you.

PAYMENT

We may use or disclose your medical information to obtain payment for services we provide to you. We may disclose your medical information to another health care provider or entity. For example, Family ER + Urgent Care Center may need to provide your health plan with information about the treatment and services you received so your health plan will pay Family ER + Urgent Care Center or reimburse you for the services rendered.

HEALTH CARE OPERATIONS

We may use or disclose health information about you for the health care operations of Family ER + Urgent Care Center. Health care operations include: quality and service improvement; health care delivery review; staff performance evaluation; competence or qualification review of health care professionals; education and training of physicians and other health care providers; and business planning and development, business management and general administrative activities.

AUTHORIZATION FOR OTHER DISCLOSURES

We will not use or disclose your health information except as described in this document, unless you authorize us, in writing, to do so. You can revoke an authorization at any time, in writing. If you revoke the authorization, we will no longer use or disclose your health information for the purpose covered by the authorization. However, we are unable to take back any uses or disclosures already made with your authorization.

EMERGENCY ROOM DIRECTORY

Unless you instruct otherwise, we may disclose your name, general condition, and location to your friends, family and others who ask for you by name.

FAMILY AND FRIENDS

We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition. We also will disclose health information to a family member, other relative, close personal friend, or any other person you identify, if the information is relevant to that person's involvement with your care or payment for your care. You can prohibit disclosure of this information.

FUTURE COMMUNICATIONS

We may use or disclose your information to communicate with you via newsletters, mailings or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which Family ER + Urgent Care Center participates. If we receive any financial compensation for such communications (with limited permitted exceptions), we will obtain your authorization prior to sending the communication and your authorization can be revoked at any time.

PUBLIC HEALTH AND SAFETY

We may use or disclose health information, as authorized or required by local, state or federal law, for the following purposes deemed to be in the public interest or benefit:

- To report certain diseases and wounds, births or deaths, and suspected cases of abuse, neglect, or domestic violence;
- To help identify, locate, or report criminal suspects, crime victims, suspicious deaths, or criminal conduct on Family ER + Urgent Care Center premises;
- To respond to a court order, subpoena, or other judicial process;
- To assist federal disaster relief efforts;
- To enable product recalls, repairs, or replacements;
- To respond to an audit, inspection, or investigation by a health-related government agency;
- To assist in federal intelligence, counterintelligence and national security issues
- To facilitate organ and tissue donations;
- To assist coroners, medical examiners, and funeral directors;
- To respond to a request from a jail or prison regarding an inmate's health or medical treatment;
- To respond to a request from your military command authority (if you are a member or veteran of the armed forces);

- To provide information to a worker's compensation program.

BUSINESS ASSOCIATES

There are some services provided at Family ER + Urgent Care Center through contracts with business associates. When these services are contracted, we will disclose your health information to the business associate so they can perform the job we have asked them to do. However, we require the business associate to protect your information.

SPECIAL PRIVACY PROTECTIONS FOR ALCOHOL AND DRUG ABUSE INFORMATION

Alcohol and drug abuse information has special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless the patient consents in writing; a court order requires disclosure of the information; medical personnel need the information to meet a medical emergency; or it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

YOU'RE HEALTH INFORMATION RIGHTS

Your medical record is the property of Family ER + Urgent Care Center. You have the following rights, with certain exceptions, regarding the health information that is created about you at Family ER + Urgent Care Center. You have the right to a paper copy of this notice.

CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate health information to you by an alternate means or location other than your home address and telephone number. Your request must be made in writing to Family ER + Urgent Care Centers contact person, and must specify how or where you wish to be contacted. We will try to accommodate your request for alternate communications. If you request an alternate means of communication, that request also should be communicated to all of your physicians, including your private physician.

RESTRICTIONS

You have the right to request that we restrict the use or disclosure of your health information. While we are not required to agree to your request, if we do agree, your request will be complied with, unless the information is needed to provide emergency treatment to you. Your request must be made in writing to our listed contact person.

ACCESS

You have the right to review and obtain a copy of your health information, with certain exceptions. Usually, this includes medical and billing records,

but does not include psychotherapy notes. Your request to review or obtain a copy of your health information must be in writing to our listed contact person. You will be charged fees for processing, copying and postage as authorized by Texas State Law.

AMENDMENT

If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask for an amendment of that information. You have the right to request an amendment for as long as the information is kept by or for us. Your request for an amendment must be made in writing to our listed contact person, and include a reason that supports your request. We are not required to agree to your request.

ACCOUNTING OF DISCLOSURES

You have the right to request a list of disclosures that we have made of your health information, except for disclosures made for treatment, payment or health care operations, those authorized by you, and certain other disclosures. Your request must be in writing to our listed contact person, and must state a time period for which you want an accounting. The time period may not be longer than six years, and may not include dates before August 26, 2009. The first accounting of your request within a twelve-month period will be free of charge. A fee will be charged for additional lists within this same time period.

REVISIONS OF THIS NOTICE

We reserve the right to change this Notice, and the right to make the new provisions effective for all health information we currently maintain, as well as any information we receive in the future. If we make a major change to this notice, the revised notice will be posted at Family ER + Urgent Care Center. In addition, a paper copy of the revised notice will be available upon request.

TO REPORT A COMPLAINT

If you believe your health information privacy rights have been violated, you can file a complaint with us or with the Secretary of the United States Department of Health and Human Services. There will not be any penalty or retaliation against you for making a complaint to us or to the Department of Health and Human Services.

CONTACT INFORMATION

If you have any questions or need information regarding our legal duties and privacy practices, or how to exercise any of your health information rights listed in this Notice, please contact:

Compliance Officer
Family ER + Urgent Care Center
25202 NW Frwy., Suite H
Cypress, Texas 77429
(832) 220-1290