



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY BLUEBONNET DIABETES & ENDOCRINOLOGY (BDE) AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. REVIEW THIS DOCUMENT CAREFULLY.

Bluebonnet Diabetes & Endocrinology is required by law to maintain the privacy of your Protected Health Information (“PHI”). We are further required to provide you with notice of Bluebonnet Diabetes & Endocrinology’s (BDE) legal duties and privacy practices with respect to PHI. PHI includes all individually identifiable health information concerning you which is either maintained by BDE or transmitted by BDE to others, whether in oral, written or electronic form.

Please be assured that BDE considers the maintenance of your privacy to be integral to its mission, and that BDE has taken steps to guard against any improper use or disclosure of your PHI.

The uses and disclosures of PHI are generally regulated by a federal law called the Health Insurance Portability and

Accountability Act of 1996 (referred to as “HIPAA”) and the regulations which were promulgated to enforce HIPAA. In instances where state laws relating to the privacy of PHI differ from HIPAA and a state law is either more protective of your PHI or provides you with greater access to your PHI, the state law overrides HIPAA.

Part I: Uses and Disclosures of PHI

1. Carrying Out Treatment, Payment and Health Care Operations

Except in an emergency or other special circumstance, before providing treatment to you, we will ask you to read and sign a written consent to allow us to use and disclose PHI for purposes of treatment provided to you, obtaining payment for services provided to you and for BDE’s health care operations (e.g., internal administration, quality improvement, and customer service), as detailed below. The consent will also authorize BDE to work with additional organizations such as medical billing, medical transcription, and medical data review organizations to facilitate your care.

“Treatment” is the providing, coordinating, or managing of your health care and related services. It includes consultations and referrals between one or more of your health care providers, such as doctors, nurses, dieticians, and other health care providers. Uses and disclosures of PHI for treatment purposes might include disclosures within BDE or between BDE and other providers. For example, BDE may refer you for care to another provider, including a specialist, to better assure continuity of care. BDE may also use your PHI to contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

“Payment” includes billing, collection, and related services relating to seeking and obtaining payment. BDE is a fee-for-service practice. Although we will not be billing any insurance company for additional fees, your PHI may be required in communications relating to such activities as prescription medications, coverage determinations, claims processing, subrogation,



reviews for medical necessity or appropriateness of care, and utilization review. Uses and disclosures of PHI for payment purposes may include communications with other healthcare providers if PHI is needed by the other providers to enable them to obtain payment for medical services provided to you.

“Health care operations” include quality assessment and quality improvement activities, licensure and credentialing activities, and training of health care and non-healthcare professionals.

2. Other Uses and Disclosures of PHI Bluebonnet Diabetes & Endocrinology may also use or disclose your PHI in the following circumstances:

(a) Disclosures to Relatives and Close Friends Involved in Your Care. BDE may disclose PHI to a family member or friend involved with your care or with handling your bills if (a) you are present (or reasonably available to us) prior to the disclosure and you agree to the disclosure, or (b) we have provided you with an opportunity to object to the disclosure and you did not object, or (c) we may reasonably infer that you do not object to the disclosure (e.g. if family or friends are present while treatment is being provided and they are participating in discussions regarding treatment). If you are not present or available, and the opportunity for you to agree or object to a use or disclosure cannot practically be provided, BDE may exercise professional judgment to determine whether a disclosure would be in your best interests. If information is disclosed to a family member or close friend, only that information which is relevant to that person’s involvement with your treatment will be disclosed.

(b) Public Health Activities. Bluebonnet Diabetes & Endocrinology may disclose PHI for the following public health activities and purposes: (a) to report health information to appropriate public health authorities to prevent or control disease, injury, or disability; (b) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (c) to report information about products under the jurisdiction of the U.S. Food and Drug Administration for quality, safety or effectiveness purposes; (d) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (e) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

(c) Victims of Abuse, Neglect or Domestic Violence. BDE may disclose PHI to a government authority, including a social service or protective services agency authorized by law to receive such reports if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

(d) Health Oversight Activities. BDE may disclose PHI to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs.

(e) Judicial and Administrative Proceedings. BDE may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

(f) Law Enforcement Officials. BDE may disclose PHI to the police or other law enforcement officials as required by law or in compliance with a court order.

(g) Decedents. BDE may disclose PHI to a coroner or medical examiner as necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. Liberty



Endocrinology may also disclose PHI to a funeral director as necessary to carry out the funeral director's duties, including arrangements after death.

(h) Organ and Tissue Procurement. BDE may, in a manner consistent with State law, disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

(i) Research. BDE may disclose PHI without your consent or authorization for research if an Institutional Review Board approves a waiver of authorization for disclosure and authorization is not required by law.

(j) Health or Safety. BDE may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

(k) Specialized Government Functions. BDE may disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

(l) Workers' Compensation. BDE may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

(m) Required by Law. BDE may disclose PHI when required by federal, state or local laws.

(n) Appointment Reminders/Treatment Alternatives - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services

(o) Inmates - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with healthcare; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

(p) Marketing – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you.

(q) Psychotherapy Notes – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exceptions, such as for certain treatment, payment, or healthcare operation functions.

3. Uses and Disclosures of PHI that Require Your Written Authorization

Except as described in this Notice or specifically required or permitted by law, BDE will not use or disclose your PHI without your specific written, signed authorization. Even if you have signed an authorization, the authorization may be revoked by you, in writing, at any time, and once the authorization is revoked, BDE may no longer use or disclose PHI for the purpose described in the authorization (unless, and to the extent that, BDE has already acted based upon the authorization).



Part II. Your Individual Rights

1. Right to Request Restrictions on Uses and Disclosures of PHI

If you wish, you may request that BDE restrict its uses and disclosures of your PHI for the carrying out of treatment, payment, or health care operations, or you may request that BDE restrict uses and disclosures of your PHI to family members, relatives, friends or other persons identified by you who are involved in your care or the payment for your care. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Please note, however, that Liberty Endocrinology is not required to agree to your request.

2. Right to Request Alternate Method of Communication

You have the right to reasonably request that BDE communicate with you in specific ways or at specific locations, including to better ensure your privacy. Requests to receive communications by specific or alternative means or at specific or alternative locations should be made in writing.

3. Right to Inspect and Copy PHI

You also have a right to inspect and obtain a copy of your PHI to the extent that it is contained in a "designated record set." A "designated record set" includes medical records, billing records, and other information used by or for BDE to make decisions about your treatment. If you want access to your PHI, you will be required to complete a records release form in writing. Under some circumstances, BDE may deny a request to inspect or obtain a copy of some information in a record. If access is denied, you will be provided with a written denial setting forth the basis for the denial and a description of how you may exercise review rights concerning the denial.

4. Right to Amend PHI

You have the right to request that BDE amend your PHI or a record about you. If you desire such an amendment, you will be required to complete a request form, including a statement explaining the reason for the requested amendment. If the request is denied in whole or part, BDE will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your PHI. BDE may include a rebuttal statement with your PHI addressing your statement of disagreement.

5. The Right to Receive an Accounting of PHI Disclosures

At your request, BDE will also provide you with an accounting of disclosures of your PHI by BDE during the period covered by your request (which may be a period of up to six years prior to the date of your request if applicable). This accounting will not include PHI disclosures made pursuant to your authorization; to you about your own PHI; to carry out treatment, payment, or health care operations; incident to a use or disclosure which was otherwise permitted or required by law; for national security or intelligence purposes; to correctional or law enforcement



officials. If you request this accounting more than once in 12 months, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

6. The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a copy of this Notice of Privacy Practices, you may print it from the BDE website.

7. Right to File a Complaint

If you feel your privacy rights have been violated or that we have violated our privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019 (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Part III. Effective Date and Duration of this Notice of Privacy Practices

1. Effective Date

This Notice of Privacy Practices is effective on February 1st, 2024.

2. Right to Change Terms of this Notice.

BDE may change the terms of this Notice of Privacy Practices at any time. If BDE changes the terms of this Notice, we will make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice.