



NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be Used And Disclosed

This Notice of Privacy Practices (the “*Notice*”) tells you about the ways we may use and disclose your protected health information (“*medical information*”) and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to Kallal Medical Group, including its providers and employees (the “*Practice*”).

Kallal Medical Group is committed to protecting the privacy of information we gather about you while providing health-related services. We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a printed copy of this Notice that describes our privacy practices.

If you have any questions about this Notice, or if you believe your privacy rights have been violated, please contact our Privacy Officer at 817-431-0606 or via email at manager@kallalmedicalgroup.com. You may also file a complaint with the Office of Civil Rights, Secretary of the Department of Health and Human Services. If you should have any other questions or concerns, please see the following address, 240 N. Rufe Snow Drive, Keller, TX 76248. You can also contact us by phone at 817-431-0606. No one will retaliate or take action against you for filing a complaint.

WHO WILL FOLLOW THIS NOTICE?

The privacy practices described in this notice will be followed by:

- All health care professionals, employees, medical staff, trainees, students or volunteers that are involved in your care or entities that are part of an organized health care arrangement with Kallal Medical Group

REQUIREMENT FOR WRITTEN AUTHORIZATION

We will generally obtain written authorization before using your health information or sharing it with others outside this practice. You may also initiate the transfer of your records to another person by completing a written authorization form with our Medical Records staff. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. TREATMENT, PAYMENT AND BUSINESS OPERATIONS

Treatment: We may share your health information with doctors or nurses at this Practice who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Your doctor may share your health information with another medical provider to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

Payment: We may use your health information or share it with others so that we may obtain payment for your health care services. We may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether your treatment is covered. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment. We may share your information with other health care providers and payors for their payment activities.



Business Operations: We may use your health information or share it with others in order to conduct our business operations. We may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may share your health information with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services: We may use your health information to provide appointment reminders or give you information about treatment alternatives, or other health care service or benefits we offer.

Business Associates: We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. We may share your health information with a billing company that helps us to obtain payment from your insurance company or an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

Disclosures to Family or Friends: If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. If you are incapacitated, we may disclose your health information to the person named in your Durable Power of Attorney for Health Care or your personal representative (the individual authorized by law to make health-related decisions for you). In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Public Need as Required by Law: We may use or disclose your health information, without your written authorization, to the types of entities described below. We will notify you of these uses and disclosures if notice is required by law.

- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability activities.
- Victims Of Abuse, Neglect Or Domestic Violence.
- Health Oversight Activities.
- Food and Drug Administration for Product Monitoring, Repair And Recall.
- To avert a serious and imminent threat to health or safety.
- National Security and Intelligence Activities or Protective Services for the President or Others.
- Military Authorities and Veterans.
- Inmates and Correctional Institutions.
- Workers' Compensation.
- Coroners, Medical Examiners and Funeral Directors.
- Organ and Tissue Donation.
- Minors

Law Enforcement/ Legal Proceedings: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.



Research: Kallal Medical Group may use and disclose your health information to researchers for the purpose of conducting research with your written authorization or when the research has been approved by an Institutional Review and is in compliance with law governing research. In certain situations, the need for your individual consent may be waived by a Privacy Board. Under no circumstances would we allow researchers to use your name or identity publicly

2. INCIDENTAL DISCLOSURES

While Kallal Medical Group will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information. These rights will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

To access any of these rights, please submit your request in writing to this office, attention Medical Records.

1. RIGHT TO INSPECT AND COPY RECORDS

You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain records of this information. This includes medical and billing records but does not include psychotherapy notes. We will respond to your request for inspection of records and copies in a reasonable time frame defined by law. If we need additional time to respond to a request for copies, we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information and will provide you with a summary of the information instead, a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. If we have reason to deny only part of our request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. RIGHT TO AMEND RECORDS

You may request a correction or amendment of your health information if you believe it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept in our records. We will deny your request if, in the provider's opinion, the information is: (a) accurate and complete; (b) not part of the health information maintained by or for Kallal Medical Group; (c) not created by Kallal Medical Group. We will notify you in writing within sixty (60) days if we cannot fulfill your request.

3. RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have a right to request an "accounting of disclosures" which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice. There is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where your authorization is not required. Your written request must state a time period for the disclosures you want us to include.



4. RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. Your written request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your medical matters in a more confidential way by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your written request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

6. RIGHT TO RECEIVE NOTICE OF BREACH OF UNSECURED MEDICAL INFORMATION

You have the right to receive prompt notice in writing of a breach of your health information that may have compromised the privacy or security of your information.