



## **HIPAA NOTICE OF PRIVACY PRACTICES**

Effective March 1, 2023

***This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

### **Scope of Notice**

This Notice of Privacy Practices ("Notice") applies to all protected health information ("PHI") about you held or transmitted by Texas Digestive Disease Consultants, PLLC d/b/a GI Alliance and each of its subsidiaries and affiliates who are under common control and/or common ownership that are subject to HIPAA (as defined below) and are designated for HIPAA purposes as an affiliated covered entity (collectively, "we" or "our Practice").

PHI is any individually identifiable health information about your past, present or future physical or mental health or condition, the provision of healthcare to you, or your payment for healthcare. PHI may include information about your condition or treatment, diagnostic tests and images, and related health information.

### **Our Responsibilities**

Our Practice is dedicated to maintaining the privacy of your PHI. Our Practice is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify affected individuals following a breach of unsecured PHI.

Our Practice must abide by the terms of this Notice while it is in effect. This Notice will remain in effect until our Practice replaces it. We reserve the right to change the terms of this Notice at any time, provided the changes comply with applicable law. If our Practice changes the terms of this Notice, the new terms will apply to all PHI we maintain, including PHI that was created or received before such changes were made. If our Practice changes this Notice, we will post the new Notice on our website and will provide copies upon request.

### **Uses and Disclosure of PHI that Do Not Require an Authorization**

The following categories describe the different ways that our Practice may use and disclose your PHI without your authorization. Not every use and disclosure within a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically or by other methods.

**Treatment.** Our Practice may use and disclose your PHI for treatment purposes. For example, we may disclose PHI to another healthcare provider to whom we refer you. Moreover, we may use and disclose your PHI electronically, such as by providing you care via telehealth (which involves the use of electronic communications via live two-way audio or video) or by communicating with you through our patient portal (if you choose to access the portal).

**Payment.** Our Practice may use and disclose your PHI to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections and claims management. These activities also include determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, our Practice may send claims to your health insurance provider containing certain PHI.

**Healthcare Operations.** Our Practice may use and disclose your PHI for healthcare operations purposes. Healthcare operations include quality assessment and improvement activities, arranging for legal services, conducting training programs, reviewing the competence and qualifications of healthcare professionals, licensing activities, and sending you information about our health-related products and services, possible treatment options or alternatives that may interest you, or appointment reminders. We may make incidental disclosures of limited PHI, such as by mailing statements to you with your name on the envelope.

**Business Associates.** Our Practice may disclose your PHI to third parties who provide services to our Practice or on our Practice's behalf, known as Business Associates. Our Practice requires our Business Associates to enter an agreement to safeguard your PHI and otherwise protect your privacy as required by law.

**Electronic Data Exchanges.** Consistent with applicable law, we may send you text messages, emails or other electronic communications for treatment, payment, healthcare operations and other permitted purposes. Our Practice may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

**Individuals Involved in Your Care or Payment for Your Care/Personal Representatives.** Our Practice may disclose your PHI to your family or friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, if a person has the authority by law to make healthcare decisions for you, we may disclose information about you to such patient representative and treat that patient representative the same way we would treat you with respect to your PHI. We may also disclose your PHI to a public or private entity authorized by law to assist in disaster relief efforts to notify, or assist in notifying, a