

StatCare Urgent Care

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES APPLIES TO ALL STATCARE URGENT CARE CLINIC LOCATIONS. 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.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We are required by law to:

- Maintain the privacy and security of your Protected Health Information (“PHI”)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that compromises the privacy or security of your unsecured PHI

We will not use or disclose your PHI other than as described in this Notice unless required by law or you authorize us in writing.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

TREATMENT

We may use and disclose your PHI to provide, coordinate, or manage your health care. This includes sharing information with physicians, nurses, medical assistants, laboratories, pharmacies, and other health care providers involved in your care.

PAYMENT

We may use and disclose your PHI to bill for services and receive payment from health plans, insurance companies, or other third-party payers.

HEALTH CARE OPERATIONS

We may use and disclose your PHI for health care operations, including quality improvement activities, staff training, audits, licensing, accreditation, compliance reviews, and business planning.

HEALTH-RELATED COMMUNICATIONS

We may contact you to discuss follow-up care, or to inform you about treatment alternatives or other health-related benefits and services. We will not use your PHI for marketing purposes without your written authorization, except as permitted by law.



INDIVIDUALS INVOLVED IN YOUR CARE

We may share your PHI with a family member, friend, or other individual involved in your care or payment for your care, unless you object or restrictions are required by law.

BUSINESS ASSOCIATES

We may disclose your PHI to third parties that perform services on our behalf, such as billing companies, laboratories, consultants, or information technology vendors. These business associates are required by law and by contract to safeguard your PHI.

OTHER PERMITTED OR REQUIRED DISCLOSURES

We may disclose your PHI without your authorization as required or permitted by law, including for:

- Public health activities
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes
- Workers' compensation programs
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Military, national security, or intelligence activities
- Correctional institutions or custodial situations
- Preventing or reducing a serious threat to health or safety

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Any use or disclosure of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

We will never sell your PHI without your written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Inspect and obtain a copy of your medical and billing records
- Request an electronic copy of your health information if we maintain it electronically
- Request an amendment if you believe your information is incorrect or incomplete
- Request an accounting of certain disclosures
- Request restrictions on certain uses or disclosures (we are not required to agree)
- Request confidential communications
- Obtain a paper copy of this Notice upon request

MINIMUM NECESSARY

When using, disclosing, or requesting PHI, we make reasonable efforts to limit the information shared to the minimum necessary to accomplish the intended purpose, except for disclosures related to treatment or when otherwise required by law.

ACCESS TIMEFRAMES

Under Texas law, we will provide access to electronic medical records within 15 business days when the records are readily producible.

Under federal HIPAA regulations, access will be provided no later than 30 days after receipt of a request, with one 30-day extension if necessary. If an extension is required, we will notify you in writing of the reason for the delay.

We may charge a reasonable, cost-based fee for copies of your records as permitted by law.

APPLICABILITY OF THIS NOTICE

This Notice of Privacy Practices applies to all StatCare Urgent Care clinic locations and to all workforce members, employees, contractors, and volunteers who provide services on our behalf.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the revised Notice effective for PHI we already maintain as well as for information received in the future. The current Notice will be posted in our facilities and available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- Our Privacy Officer
 - Robert R. Rabagos, RN
 - Mailing address: 500 E Caesar Ave Kingsville, TX 78363
 - Phone Number: 361-516-0800
 - E-mail: mystatcare@mystatcare.com
- The Texas Attorney General
- The U.S. Department of Health and Human Services, Office for Civil Rights

All complaints must be made in writing. You will not be penalized for filing a complaint.