

## NOTICE OF PRIVACY PRACTICES

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

### **Our Legal Duty:**

I am required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about my privacy practices that are described in this notice while it is in effect.

I reserve the right to change my privacy practices and the terms of this notice, at any time, provided applicable law permits such changes. If any change is made, you will be notified. You may request a copy of my notice at any time.

### **Uses and Disclosures of Health Information:**

I use and disclose health information about you for treatment, payment, and healthcare operations.

**Treatment:** I may use or disclose your health information to a physician or other healthcare provider providing treatment for you.

**Payment:** I may use and disclose your health information to obtain payment for service I provide for you.

**Your Authorization:** In addition to the use of your health information for treatment, payment, or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosure permitted by your authorization while it was in effect. Unless you give me written authorization, I cannot use or disclose your health information for any reason except those described in this notice.

**To Your Family and Friends:** I must disclose your health information to you, as described in the Patient Rights section of this notice. I may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that I may do so.

**Persons Involved in Care:** I may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, I will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, I will disclose health information based on determination using my professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. I will also use my professional judgment and my experience with common practice to make reasonable inferences in your best interest.

**Marketing Health-Related Services:** I will not use your health information for marketing purposes unless you have given permission in writing for me to do so.

**Abuse or Neglect:** I may disclose your health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. I may disclose your health information to the extent necessary to avert a serious threat to your health or safety or that of others.

**National Security:** Under certain circumstances, I may disclose to military authorities or federal officials, health information required for lawful intelligence, counterintelligence and other national security activities.

**Appointment Reminders:** I may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcards, or letters.

### **Patient Rights:**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request I provide copies in a format other than photocopies. I will use the format you request unless I cannot practicably do so. You must make a request in writing. There may be a reasonable charge based on expenses incurred making such copies.

**Restriction:** You have the right to request that I place additional restrictions on my use or disclosure of your health information. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement, except in an emergency.

**Alternative Communications:** You have the right to request that I communicate with you about your health information by alternative means or locations. You must make your request in writing.

**Amendment:** You have the right to request that I amend your health information. Your request must be in writing and it must explain why the information should be amended. I may deny your request under certain circumstances.

**Questions and Complaints:** If you want more information about my privacy practices or have questions or concerns, please contact me. If you are concerned that I may have violated your privacy rights, or you disagree with a decision I made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information, or to have me communicate with you by alternative means or locations, you may complain to me, in writing, using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.

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