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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Understanding Your Health Record/Information.

Each time you visit a hospital, physician or healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatments, and a plan for future care of treatment. This information, often referred to as your health or medical record serves as a: basis for planning your care and treatment means of communication among the many health professionals who contribute to your care, legal document describing the care you received means by which you or a third party payer can verify that services billed were actually provided, a tool in educating health professionals, a source of data for medical research, a source of information for public health officials charged with improving the health of the nation, a source of data for facility planning and marketing a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how our health information is used helps out to: ensure its accuracy, better understand who, what, when, and why others may access your health information, make more informed decisions when authorizing disclosure to others.

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner of facility that compiled it, the information belongs to you. You have the right to: request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, obtain a paper copy of the notice of information practices upon request, inspect and obtain a copy of your health record as provided for in 45 CFR 164.524, amend your health record as provided in 45 CFR 164.528, obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Following is a statement of your right with respect to your protected health information and a brief description of how you may exercise these rights. You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or preceding a protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. You may request part of your protected health information not be disclosed to family members or friends who may be involved in your care of for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in our best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does not agree to the requested restriction we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our privacy contact. You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you for a facility directory to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations. You have the right to obtain a paper copy of this notice from us, upon request even if you have agreed to accept this notice electronically.

Our Responsibility: is to maintain the privacy of your health information provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you abide by the terms of the notice notify you if we are unable to agree to a requested restriction accommodate reasonable request you may have to communicate health information by alternative means or at alternative location. We reserve the right to change our practices and to make the provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revise native to the address you’ve supplied us. We will not use or disclose our health information without your authorization, except as described in this notice. For more information or to Report a Problem: If have questions and would like additional information, you may contact Dr. Yanase at (210) 495-3937. There will be no retaliation for filing a complaint.

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We will use your health information for treatment: Information obtained by a nurse, physician, or to the member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectation of the members of your health care team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital. We will use your health information for payment. **For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will use your health information for regular health operations. **For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect our health information, however, we require the business associate to appropriately safeguard your information. **Communication with family:**

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable products recalls, repairs, or replacement.

Workers compensations: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relation to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information or law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

WRITTEN ACKNOWLEDGEMENT

I acknowledge that I have reviewed the Notice of Privacy Practices which provides a description of information uses and disclosure. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is to required to agree to the restrictions I request.

Signature of Patient or Legal Representative Witness

Date

Name of Patient or Personal Representative