

# GASTROENTEROLOGY CLINIC OF SAN ANTONIO, P.A.



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## New Patient Consent to the use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I, \_\_\_\_\_, understand that as part of my health care, Gastroenterology Clinic of San Antonio originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment and my plans for future care treatment. I understand that information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill,
- A means by which a third-party payer can verify that services billed were provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a **Notice of Information Practices** that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

I understand that Gastroenterology Clinic of San Antonio is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already acted in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Gastroenterology Clinic of San Antonio reserves the right to change their notice and practices prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations. Should Gastroenterology Clinic of San Antonio change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail or, if I agree, email).

I wish to have the following restrictions to the use or disclosure of my health information:

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I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

I fully understand and accept / decline the terms of this consent.

\_\_\_\_\_  
Patient's Signature Date

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include physician services in radiology, certain laboratory tests and hospital procedures. 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 your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication With Family:** Health professionals, using their best judgement, 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.

**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 transplantation of organs for the purpose of tissue donation and transplant.

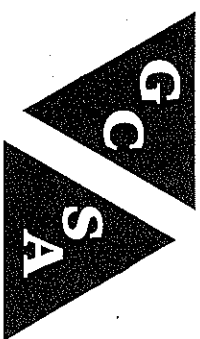
**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**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.

**Law Enforcement:** We may disclose health information for 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.

## NOTICE OF PRIVACY POLICIES



**Gastroenterology  
Clinic of San Antonio, P.A.**

Gastroenterology Clinic of San Antonio, P.A.

8550 Datapoint Dr., #200

San Antonio, Texas 78229

Phone: (210) 615-8308

Fax: (210) 615-8313

8550 Datapoint Dr., #200  
San Antonio, Texas 78229

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

### Introduction

At Gastroenterology Clinic of San Antonio, P.A. we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights and how they relate to your protected health information. This Notice is effective April 1, 2003, and applies to all protected health information as defined by federal regulations.

### Understanding Your Health Record/Information

Each time you visit Gastroenterology Clinic of San Antonio, P.A. a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or 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 this state and the nation,
- A source of data for our planning marketing,
- A tool with which we can access and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Although your health record is the physical property of Gastroenterology Clinic of San Antonio, P.A. the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.525,
- 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 by alternative means,
- Request communications of your health information by alternative means,
- Request restriction on certain uses and disclosures of your information as provided by 45 CFR 162.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### Our Responsibilities

Gastroenterology Clinic of San Antonio, P.A. requires to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by terms of this notice,
- Notify you if we were unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we will mail a revised notice to the address you've supplied us or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### For More Information or to Report A Problem

If you have questions and would like additional information you may contact the Office Manager at (210) 615-8308. If you believe your privacy rights have been violated, you can file a complaint with the Office Manager who will turn it into the Practice Privacy Office or with the Office for Civil Rights, U.S. Dept. of Health & Human Services. There will be no retaliation for filing a complaint with either the Office Manager or the Office of Civil Rights.

#### *Office for Civil Rights*

U.S. Dept. of Health & Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, D.C. 20201

### Examples of Disclosures for Treatment, Payment and Health Operations

*We will use your health information for treatment*

**For Example:** Information obtained by a physician, medical assistant or other member of your health care 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 expectations of your treatment. The physician will then record the actions taken 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 health care provider with copies of various reports that should assist him or her in treating you.

*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:** Chart auditing will help access the quality of care given to our patients. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.