



**MAIN STREET  
Urgent Care**  
A Minor Emergency Clinic

**QUALITY ACUTE CARE, PA / MAIN STREET URGENT CARE**  
1421 S. Main Street, #111, Boerne, TX 78006  
1426 E. Main Street, #300, Fredericksburg, Texas 78624

**NOTICE OF PRIVACY PRACTICES**

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. This Notice of Privacy Practices (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.

You can request a copy of this Notice at any time. For more information about this Notice or our privacy practices and policies, please contact the person listed at the end of this document.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION**

The following categories describe the different reasons why we typically use and disclose medical information. The categories are intended to be general descriptions only and not a list of every instance in which we may use or disclose your medical information. Please understand that for these categories, the law generally does not require us to get your authorization in order for us to use or disclose your medical information.

**For Treatment:** We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of another health care professional (HCP). When we refer you to another HCP, we will share some or all of your medical information with them to facilitate the delivery of care. At times, we may request that other HCP share your medical information with us.

**For Payment:** We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or those responsible for receiving and paying the claim. The form will contain medical information necessary to pay the claim, such as a description of the medical service provided to you.

**For Health Care Operations:** We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered.

- *Quality Assurance:* We may need to use or disclose your medical information for our internal processes to assess and facilitate the provision of quality care to our patients.
- *Utilization Review:* We may need to use or disclose your medical information to perform a review of the services we provide in order to evaluate whether the appropriate level of services is received, depending on condition and diagnosis.
- *Credentialing and Peer Review:* We may need to use or disclose your medical information in order for us to review the credentials, qualifications and actions of our health care providers.

**Appointment Reminders, Treatment Alternatives, and other Health Related Benefits:** We may use and disclose medical information, in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine) to provide appointment reminders and other information. We may use and disclose medical information to tell you about treatment alternatives, health-related benefits or services that we believe may be of interest to you.

**Business Associates:** There are some services (such as billing or legal services) that may be provided to or on behalf of our practice through contracts with business associates. When these services are contracted we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose medical information about you to a friend or family member who is involved in your health care, as well as to someone who helps pay for your care, but we will do so only as

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Federal and state laws provide you with certain rights regarding the medical information we have about you. The following is a summary of those rights:

**Right to Inspect and Copy:** You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to inspect your records to the person listed below. For copies of medical records, please contact our Medical Records Department.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes.
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.
- In subject to the Clinical Laboratory Improvements Amendments of 1988.
- Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 business days of your written request. We will inform you of when the records are ready or if we believe the access should be limited. If we deny access, we will inform you in writing.

If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or certain supplies associated with your request. The fee we may charge will be the amount allowed by state law.

**Right to Amend:** You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request.

We may refuse to allow an amendment if the information:

- Was not created by this practice or the physician here in this practice.
- Is not part of the designated record set.
- Is not available for inspection because of an appropriate denial.
- If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in our medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made, and tell others that we know have the incorrect information.

**Right to an Accounting of Disclosures:** The HIPAA privacy regulations permit you to request, and us to provide, and accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person listed below. Your first accounting of disclosure (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions:** You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. In fact, Main Street Urgent Care will not agree to changes to this Notice or restrictions placed on disclosure of protected health information. If such restrictions are a requirement for you we recommend you not initiate a treatment relationship with Main Street Urgent Care.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restrictions you are requesting (i.e. on the use of information, disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this Notice. You should not consider that your request has been granted until such time as you receive written confirmation from us agreeing to your restriction.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, not at work or,

conversely, only at work and not at home. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to be communicated with you and, if you are directing us to send it to a particular place, the contact/address information.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

**Right to Breach Notification:** In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your medical information has been improperly disclosed or otherwise subject to a "breach" as defined in and/or required by HIPAA and applicable state law.

## COMPLAINTS

If you believe your protected health information has been used or disclosed in violation of HIPAA, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

Office of Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, Texas 75202  
(214) 767-4056  
TDD (214) 767-8940

## QUESTIONS AND CONTACT PERSON FOR REQUESTS

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Privacy Officer, Quality Acute Care, PA / Main Street Urgent Care  
Main Street Urgent Care  
1421 South Main, Suite 111  
Boerne, Texas 78006

We may change our policies and this Notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our Notice, we will post a revised copy in the office. You may also ask the office receptionist for a current copy of the Notice