



## NOTICE OF PRIVACY RIGHTS

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.**

The *Health Insurance Portability & Accountability Act of 1996* (“HIPAA”) is a federal program that requires all medical records and other individually identifiable protected health information (PHI) used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept confidential. You have rights to understand and control how your health information is used. We are required to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to PHI

San José Clinic provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this Notice will be followed by: Any health care professional who treats you at our facility; All departments and units of our organization; All employed associates, staff or volunteers of our organization, including Teaching Affiliations, with whom we may share information as permitted within our organized health care arrangement; Any business associate or partner of San José Clinic with whom we share health information.

We may use and disclose your medical records without authorization only for the following purposes:

- **Treatment:** providing, coordinating, or managing health care and related services by one or more health care providers. We may disclose your information to doctors, nurses and other health care personnel who are involved in your care.
- **Health Care Operations:** for appointment and patient recall reminders. Also includes the business aspects of running our practice, such as conducting clinic improvement activities, employee training, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.
- **When Required To Do So By Federal, State Or Local Law** This may include the following: 1) business associates; 2) to avert a serious threat to health or safety; 3) public health risks; 4) health oversight activities; 5) judicial and administrative procedures; 6) specific government functions; 7) research and organ donation; 8) coroners and funeral directors; and 9) communications with caregivers and relatives.
- **Any other uses and disclosures will be made only with your written authorization.** You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. Unless otherwise authorized by you, the patient, health information (which includes medical visits, labs, contributions, appointments, etc) will not be discussed with any other individuals (except for the three scenarios listed above)

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the management team.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information. Written request is needed.
- The right to amend your protected health information.
- The right to receive a list of how your protected health information was disclosed other than treatment, payment or health care operations, as listed above.

You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint. If you have any questions or to make a request regarding the rights described above, please contact:

**San José Clinic**  
Chief Operations Officer  
PO Box 2808  
Houston, TX 77252-2808

For more information about HIPAA or to file a complaint:  
The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257 or Toll Free: 1-877-696-6775

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the *Notice of Privacy Practices* currently in effect. We reserve the right to change the terms of our *Notice of Privacy Practices* and to make the new notice provisions effective for all PHI that we maintain. You can receive a copy of the current notice at any time. You will also be asked to acknowledge in writing you receipt of this Notice.

Revised: 07/23/2020



## RIGHTS & RESPONSIBILITIES

Welcome to San José Clinic. Our mission is to *provide quality healthcare and education to those with limited access to such services in an environment which respects the dignity of each person.*

### You have the right:

- To be treated with the utmost respect and dignity regardless of ethnicity, gender, religion or income.
- To health care and treatment that is reasonable for your condition and within our capability.
- To make decisions about your health care while discussing it with your provider.
- To refuse treatment, care and services allowed by the law while understanding the risks that could occur with this refusal.
- To personal privacy and confidentiality during interviews, examinations and treatment. Please review the “Notice of Privacy Rights” for more information about this right.
- To access your medical records.
- To speak to someone on the management team if you have a complaint.

### You are responsible:

- To treat the San José Clinic staff with the same respect and dignity as allowed to them. San José Clinic’s Chief Executive Officer or designee reserve the right to refuse service to anyone acting in an inappropriate manner.
- To comply with medical recommendations. Failure to comply with a medical recommendation or medical orders will result in your release from the care of your provider and from San José Clinic. You will be deemed noncompliant if you fail to adhere to orders regarding medication, lab work and/or follow-up appointments.
- To **keep and be on time** for your appointment(s). Anyone arriving 15 minutes or later after their scheduled appointment will be required to reschedule at a later date. If you are not able to make your appointment, please call as soon as possible so we accommodate others.
- To provide San José Clinic with accurate information about your financial status and resources as well as any changes that may occur. This includes having Medicaid, Medicare, CHIP, Gold Card or another form of insurance.
- To bring required proof of household income at least once a year. Three recent pay stubs and/or a copy of your most recent income tax return are required. If pay stubs are unavailable, you must provide proof of income or assistance in paying your bills.
- To provide only valid Social Security numbers on your patient information sheet. This number is used only for the purpose of acquiring prescription medication for the patient through the pharmaceutical companies.
- To respect the privacy of other patients while at the clinic. Please *keep cell phones off* and your family and visitors coming with you to a minimum.
- To supervise your children at all times. Unattended minors are not allowed in the waiting room. You are responsible for their safety and protection while visiting San José Clinic.