



HIPAA PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION BELOW CAREFULLY. THIS NOTICE APPLIES TO BURROWS MUSCLE AND NERVE CENTER.

By law, we are required to protect the confidentiality of health information about you, called "Protected Health Information". We are also required by law to provide you with this Privacy Notice explaining your rights and our privacy practices.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

- **Treatment:** We may use your Protected Health Information and share it with other health care providers who are treating you, such as when necessary to provide infusion pharmacy and nursing treatment services for you. We may contact you to remind you of any appointments or refill reminders or discuss your health care treatment options.
- **Payment:** We may use your Protected Health Information and share it with insurers to bill and receive payment for the health care services we provide to you. We may also contact you to discuss your insurance and billing options.
- **Operations:** We may use your Protected Health Information and share it when necessary to operate our company, such as performing quality improvement activities, conducting patient satisfaction surveys, and assessing staffing and equipment needs. We may also share your information with business associates who are contractually obligated to protect the privacy of your health information the same way we are.
- **Benefits and Services:** As part of treatment, payment, and health care operations, we may also use or disclose your protected health information to inform you of health-related benefits or services that may be of interest to you.
- **Fundraising:** We may contact you for charitable fundraising activities efforts, but you have the right to request that we discontinue such communications.
- **Non-Routine Situations:** Your Protected Health Information may be released in other non-routine situations, such as:
 - To government agencies responsible for overseeing health care quality or billing practices
 - To address public health and safety issues, including reporting communicable diseases, helping with product defect recalls, reporting adverse reactions to health oversight agencies
 - To report suspected abuse, neglect, or domestic violence to proper authorities
 - To prevent or reduce a serious threat to your health or safety or someone else's health or safety
 - For health research purposes, if we follow a special approval process protecting patients' privacy
 - To law enforcement officials in certain situations, such as in response to an investigative demand or to help identify or locate a suspect, fugitive, material witness, or missing person
 - As required or permitted by state law governing workers' compensation programs
 - In response to a court or administrative order, a subpoena, or as required or allowed by law

- o For military, national security, and presidential protective services
- o To organ procurement organizations related to organ and tissue donation and transplant requests
- o To a coroner, medical examiner, or funeral director when necessary for them to do their job
- **Friends and Family Members and Disaster Organizations:** You may give us permission to communicate with a family member or friend to help facilitate your treatment or payment of your health care bills. In addition, if there is an emergency and you cannot give us permission, we may still share your Protected Health Information with your friends, family, or disaster relief organizations to help identify you are safe or make sure you receive proper health care in the emergency.
- **Authorizations:** Except as described above, we may not use or disclose your Protected Health Information without first receiving written authorization from you. We will never sell your Protected Health Information or use or disclose your Protected Health Information for marketing purposes without your written authorization. You may revoke your authorization at any time by contacting the Privacy Officer at the address or telephone number below, but only for information, we have not already released in reliance upon your initial authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Please contact our practice to exercise any of the following rights. You have the right:

- To request restrictions on the way we use or disclose your Protected Health Information for treatment, payment, or operations purposes. We are not required to agree to your request unless your request relates to information about a service or health care item that you paid for out-of-pocket in full, and the disclosure is to your health insurer for payment or operations purposes.
- To receive paper or electronic copies of the Protected Health Information we use to make decisions about you, such as your medical or billing records.
- To request changes to correct your Protected Health Information. We will review your request and make changes if we agree they are reasonable, and if we do not, we may say “no” and tell you why in writing within 60 days.
- To ask us to contact or communicate with you in a certain way (e.g., home or mobile phone) or send mail to a different address. We will agree to all reasonable requests.
- To request a list of who accessed or received your Protected Health Information, and for what purpose, during the past 6 years from the date of your request. This list will not include all disclosures of your Protected Health Information that we have made; for example, it will not include routine disclosures of your information for treatment, payment and health care operations purposes. We will provide you with one list a year for free, but we may charge a reasonable, cost-based fee for additional lists within a year.
- To be informed promptly if a breach occurs that may have compromised the privacy or security of your unsecured Protected Health Information.
- To complain to us and/or the Secretary of the United States Department of Health and Human Services about our privacy practices. You may contact us by writing to the Privacy Officer at the address or phone number below. We will not retaliate against you for filing any complaint.

We may make changes to this Privacy Notice at any time, and the changes will apply to all information we have about you. We will post the latest version of our Privacy Notice at www.BurrowsMuscleAndNerve.com. You may request a copy of any revised Privacy Notice, even if you have already received a copy previously. All questions about this Privacy Notice or our privacy practices should be directed to the Privacy Officer in writing at Burrows Muscle and Nerve Center, 2801 Network Boulevard, Suite 505, Frisco, TX 75034 or call 833.765.3648.

Effective Date: November 8, 2021

ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

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THE PRIVACY NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY BURROWS MUSCLE AND NERVE CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION IN THE PRIVACY NOTICE CAREFULLY.

We may make changes to our Privacy Notice at any time, and the changes will apply to all information we have about you. You may request a copy of any revised Privacy Notice, and we will post the latest version on our website at www.BurrowsMuscleAndNerve.com.

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Please acknowledge that you have received a copy of this HIPAA Privacy Notice by signing this form below. Please keep one copy of this Acknowledgment form for your records.

Patient Name (Print)

Date

Patient (or Personal Representative) Signature

Personal Representative's Relationship to Patient