

# **PROVIDER NOTICE OF INFORMATION PRACTICES**

## ***Uses and Disclosures of Health Information***

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask you for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new one in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

## ***Individual Rights***

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you \$.05 (5cents) for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. We will consider you request but are not legally required to accept it.

## ***Complaints***

If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department and Human Services. The person listed below can provide you with the appropriate address upon request.

## ***Our Legal Duty***

We are required by law to protect the privacy of your information, provide this notice about our information practices and follow the information practices that are in this notice.

If you have any questions or complaints, please contact:

**Stephanie Silva, Office Administrator**

**11212 State Highway 151, Suite 300**

**San Antonio, TX 78251**

**P: 210-733-4362 Ext. 227**

**E-Mail: [s.silva@sapedidocs.com](mailto:s.silva@sapedidocs.com)**

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date