

Gastroenterology Consultants Southwest, LLP
Notice of Privacy Practices

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.

Uses and Disclosures:

Treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage, such as an automobile insurer, or from credit card companies that you may use to pay services.

Healthcare Operations: Your health information may be used as necessary to support the day-to-day activities and management of **Gastroenterology Consultants Southwest, LLP.**

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, and to comply with government-mandated reporting.

Public Health Reporting: Your healthcare information may be disclosed to public health agencies as required by law.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any other purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional uses of information:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Gastroenterology Consultants Southwest, LLP

We are required by law to maintain the privacy of your protected health information and to provide you with a notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Request to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be requested in a timely manner. Copying fees may apply.

Acknowledgement of receipt of Notice of Privacy Practices

Gastroenterology Consultants Southwest, LLP reserves the right to modify the privacy practice outlined in this notice.

Signature

I have received a copy of the Notice of Privacy Practice for Gastroenterology Consultants Southwest, LLP.

Signature of Patient or Authorized Representative

Date

Name of Patient (Print)

