



SOLOMON PALEY, M.D., P.A.
BOARD CERTIFIED FAMILY PRACTICE

1314 E. Sonterra Blvd, Ste. 5203
San Antonio, TX 78258
Office (210) 946-6677
Fax (210) 946-6777

NOTICE OF **PRIVACY** **PRACTICES**



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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.

Solo Doc MD PA (Solo Doc) is required by law to maintain the privacy of your health information, to provide you this detailed notice of Solo Doc's legal duties and privacy practices relating to your health information, and to abide by the terms of the notice that are currently in effect. Solo Doc keeps a record of health care services we provide you. You may ask us for a copy of that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

USE AND DISCLOSURES FOR TREATMENT, HEALTH CARE OPERATIONS AND PAYMENT.

For Treatment. Solo Doc will use and disclose your medical information to provide, coordinate, or manage your health care and any related service to others involved in your care, such as your specialist and/or any other health care professional involved in or assisting us in your care. Some examples are, but not limited to: specialists, DME suppliers, pharmacist, caregivers, home health, and anyone to whom you are referred for follow-up care.

For Payment. Solo Doc will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, Solo Doc may be required to provide information regarding your health care status so that Solo Doc may be reimbursed for services rendered. We may also be required to disclose information in order to obtain prior approval on a specific service ordered by Solo Doc or by your specialist.

To Conduct Health Care Operations. Solo Doc may use and disclose medical information about you for day to day office operations. For example, your medical records and health information may be used in the evaluation of services, quality improvement, training of employees and students, accreditation, auditing and fiscal planning. Medical records are audited for accuracy of billing and documentation.

Appointment Reminders. Solo Doc may use and disclose medical information when you have a scheduled appointment with our office.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

When Legally Required by Law. Solo Doc will use medical information about you when required to do so by federal or State or local laws or regulations.



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Organ and Tissue Donation. If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.

To Individuals involved in Your care. Solo Doc may disclose health information to a family member, friend, or other person you identify involved in your care.

Military and Veterans. When in the armed forces, we may release medical information about you as required by military authorities.

Public Health. Solo Doc may disclose medical information about you for public health activities in order to prevent or control disease, report disease or death, and/or report adverse events with products or medications.

To Report Abuse, Neglect, or Domestic Violence. Solo Doc may disclose medical information about you if we believe that you are a victim of abuse or neglect, or domestic violence. We may notify the appropriate authorities in these specific cases.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

In Connection with Judicial and Administrative proceedings and Law Enforcement. If you are involved in certain lawsuits or administrative disputes, court order or administrative tribunal as expressly authorized by such order in response to subpoena, then Solo Doc may disclose your health information in those particular cases.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.

Law Enforcement Custody/Inmate. If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.

For Healthcare Information Exchange. If you give consent, the participating providers you approve may access ALL of your electronic health record available through your insurance carriers. This includes information created before and after the date signed on the consent form. This information may relate sensitive health care information such as alcohol and/or drug use, birth control, abortions, genetic disease or tests, mental conditions, HIV/AIDS, sexually transmitted diseases. You may withdraw your request by signed a Withdraw Consent Form.

YOUR RIGHTS WITH RESPECTS TO MEDICAL INFORMATION ABOUT YOU:



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Right to Inspect and Copy. You have the right to obtain and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to this office for Solo Doc. If you request a copy of the information, Solo Doc may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

Solo Doc may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Solo Doc will review your request and denial. The person conducting the review will not be the person who denied your request. Solo Doc will comply with the outcome of the review.

Right to Amend. If you feel that medical information maintained about you is incorrect or incomplete, you may ask Solo Doc to amend the information. You have the right to request an amendment for as long as the information is kept by Solo Doc.

To request an amendment, your request must be made in writing and submitted to Solo Doc. In addition, you must provide a reason that supports your request.

Solo Doc may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Solo Doc may deny your request if you ask us to amend information that:

- Was not created by Solo Doc, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Solo Doc,
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list, you must submit your request in writing to Solo Doc. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. Solo Doc will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information Solo Doc uses or discloses about you for treatment, payment or health care



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operations. You also have the right to request a limit on the medical information Solo Doc discloses about you to someone who is involved in your care or the payment for your care.

Solo Doc is not required to agree to your request unless the request pertains solely to a healthcare item or service for which Solo Doc has been paid out of pocket in full. Should Solo Doc agree to your request, Solo Doc will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Solo Doc. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit Solo Doc's use and/or disclosure; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that Solo Doc communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Solo Doc contact you only at work or by mail.

To request that Solo Doc communicate in a certain manner, you must make your request in writing to this office for Solo Doc. You do not have to state a reason for your request. Solo Doc will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting this office for Solo Doc.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Solo Doc or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with Solo Doc, contact this office for Solo Doc at (210)946-6677. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D. C. 20201.

All complaints should be submitted in writing.