

**Bhagwat Patel, MD, PA
1250 Creekway Drive, Suite 100
Sugar Land, Texas 77478**

NOTICE OF PRIVACY PRACTICES

We Care About Your Privacy

1. Our Pledge Regarding Medical Information

At Bhagwat Patel, MD, PA, the privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our practice to provide you with quality care and to comply with legal requirements.

This Notice explains how we may use and disclose your medical information, and it describes your rights and our responsibilities regarding your protected health information.

2. Our Legal Duty

What the Law Requires Us to Do:

- Keep your medical information private.
- Provide you with this Notice outlining our legal duties, privacy practices, and your rights concerning your medical information.
- Comply with the terms of the current Notice.

Our Right to Make Changes:

- We may change our privacy practices and the terms of this Notice at any time, as permitted by law.
- Any changes will apply to all medical information we maintain, including information created or received before the changes were made.

Notice of Changes to Privacy Practices:

- If we make significant changes to our privacy practices, we will update this Notice accordingly.
- The revised Notice will be made available upon request.

3. Use and Disclosure of Your Medical Information

This section describes the various ways in which we may use and disclose your medical information.

While not every possible use or disclosure is listed, all permissible uses and disclosures are included here.

We will not use or disclose your medical information for any purpose not outlined in this notice without your explicit written authorization. If you provide such authorization, you may revoke it at any time in writing.

For Treatment

We may use your medical information to provide you with medical care or services. This includes sharing information with doctors, nurses, nurse practitioners, medical assistants, scribes, front desk staff, office managers, students, technicians, and other healthcare professionals involved in your care. We may also share your information with other healthcare providers to support your treatment.

For Payment

We may use and disclose your medical information to obtain payment for the services we provide.

This may include sending a bill to you or a third-party payer, and the bill may contain medical information necessary for payment processing.

For Health Care Operations

We may use and disclose your medical information for our healthcare operations. These activities may include quality assessment, employee performance evaluations, training programs, accreditation, licensing, and credentialing purposes.

Additional Uses and Disclosures

Facility Directory

Unless you object, we may include the following information in our facility directory: your name, location in our facility, general condition, and religious affiliation (if any). This information may be disclosed to members of the clergy or to others who inquire about you by name—except for your religious affiliation, which will only be shared with clergy.

Notification

We may use or disclose your information to notify a family member, personal representative, or another individual involved in your care. This may include your location, general condition, or death.

If you are present, we will seek your permission when possible. If you are unable to give or refuse permission due to an emergency, we will act in your best interest and share only necessary information. We may also allow someone to pick up prescriptions, medical supplies, or other information on your behalf.

Disaster Relief

We may share your medical information with public or private organizations authorized to assist in disaster relief efforts.

Fundraising

We may use limited information (such as your name and the dates of care) to contact you for fundraising purposes through affiliated organizations. You may opt out of receiving these communications by following the instructions included in each message.

Research (Limited Circumstances)

Your information may be used for approved research purposes under limited circumstances, only after a review board has ensured protocols are in place to protect your privacy.

Funeral Directors, Coroners, and Medical Examiners

We may disclose medical information to help these professionals carry out their legally authorized duties.

Specialized Government Functions

Subject to legal requirements, we may disclose your medical information for purposes including:

- Military and veteran affairs
- National security and intelligence
- Protective services for the President or others
- Medical suitability for the Department of State
- Correctional institutions and law enforcement custodial responsibilities
- Government benefit programs

Court Orders and Legal Proceedings

We may disclose medical information in response to:

- Court or administrative orders
- Subpoenas or discovery requests
- Other lawful processes under specific circumstances

We may also disclose information to law enforcement when required by law or under specific conditions, such as helping locate a suspect or missing person.

Public Health Activities

As required by law, we may disclose information for public health purposes, including:

- Disease prevention and control
- Reporting abuse or neglect
- FDA-related reporting (product defects, recalls)
- Tracking communicable diseases
- Notification of possible exposure or risk of disease

Victims of Abuse, Neglect, or Domestic Violence

If we believe you are a victim of abuse, neglect, domestic violence, or other crimes, we may disclose relevant medical information to appropriate authorities as required or permitted by law.

Workers' Compensation

We may disclose information as authorized to comply with workers' compensation laws or similar programs providing benefits for work-related injuries or illnesses.

Health Oversight Activities

We may disclose your information to agencies responsible for health oversight activities authorized by law, such as audits, inspections, investigations, licensure, and disciplinary actions.

Law Enforcement

Under specific circumstances, we may share information with law enforcement, including:

- Reporting certain injuries or wounds
- Identifying or locating individuals
- Reporting suspected victims of crimes
- Death investigations
- Reporting crimes on our premises or during emergencies

Appointment Reminders

We may use your information to contact you with appointment reminders via phone calls, e-mail messages in the patient portal, text messages, or emails. Mobile information will not be shared, sold, or conveyed to third parties for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent: this information will not be shared with any third parties.

Alternative and Additional Medical Services

We may use or disclose your information to inform you about health-related benefits, services, or

Treatment alternatives that may be of interest to you.

4. Your Individual Rights

You have the following rights regarding your medical information:

Right to Access Your Information

You have the right to view or obtain copies of certain parts of your medical records. If you prefer a

Format other than standard photocopies, you may request it in writing, and we will accommodate

Your request when reasonably practical. Ask the receptionist for the appropriate request form.

Please note that fees may apply for copies and postage if you request that documents be mailed.

The receptionist can provide details on our fee schedule.

Right to an Accounting of Disclosures:

You have the right to receive a list of instances where we—or our business associates—disclosed

Your medical information for purposes other than treatment, payment, healthcare operations, or

Other legally specified exceptions.

Right to Request Restrictions:

You may request that we place additional restrictions on the use or disclosure of your medical

Information. While we are not required to agree to these requests, if we do agree, we will honor the
restriction (except in emergency situations).

Right to Request Confidential Communications:

You have the right to request that we communicate with you about your medical information using

specific methods or at specific locations (for example, only contacting you at work or by mail). All

Such requests must be made in writing to our Privacy Officer.

Right to Request Amendments:

You may request that we correct or amend specific parts of your medical information. We may deny

Your request if we did not create the information or if we determine the information is accurate and

complete. If your request is denied, you will receive a written explanation, and you have the right to

submit a written statement of disagreement, which we will include in your record. If we accept your

request, we will make reasonable efforts to inform others, including anyone you identify, of the change.

Right to a Paper Copy of This Notice:

You are entitled to receive a paper copy of this Notice of Privacy Practices at any time. To request a

copy, please submit a written request to our Privacy Officer.

Questions and Complaints

If you have any questions about this notice, or believe your privacy rights may have been violated, you may contact our Privacy Officer at info@fortbendpcp.com. Please ask the receptionist to speak with the Privacy Officer or to provide you with a complaint form.

You also have the right to file a complaint directly with the U.S. Department of Health and Human Services. We will provide you with the appropriate address upon request.

We will not retaliate against you for filing a complaint.

These privacy practices are currently in effect and will remain so until further notice. I have read and understand all pages of this NOTICE OF PRIVACY PRACTICES document, and I hereby agree to the terms and conditions outlined herein.

Signature:

Date: