

Notice of Privacy Practices

Effective Date: 01/01/2025

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.

Our Responsibilities:

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this notice of our legal duties and privacy practices
- Abide by the terms of this notice
- Notify you if a breach occurs that may have compromised the privacy or security of your information

How We May Use and Disclose Your Information:

We may use and share your information as we:

- Treat you (e.g., share information with other healthcare providers)
- Run our organization (e.g., improve care, contact you, appointment reminders)
- Bill for your services (e.g., send claims to your insurance)
- Help with public health and safety issues (e.g., disease reporting)
- Comply with the law (e.g., health oversight agencies, law enforcement)
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

We Do Not Share Your Information:

We respect your privacy. We do **not sell, rent, or share** your personal information with third parties for their marketing purposes. Your information is used solely to provide you with services, communicate with you, and comply with legal obligations.

Your Rights:

You have the right to:

- Get a copy of your medical record
- Correct your medical record
- Request confidential communications

- Ask us to limit what we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
Contact Information
If you have questions or want more information, contact:
Privacy Officer: Bryan Manfull
Phone: 512-381-2850
Email: bmanfull@austinent.com
Address: 3705 Medical Parkway Suite 320, Austin, TX 78705
To file a complaint with the U.S. Department of Health and Human Services, visit https://www.hhs.gov/hipaa/filing-a-complaint
We reserve the right to change our privacy policy and to make new provisions effective for all of your health information. Should our privacy policy practices change, we will post the revised Notice in our waiting area, as well as on our website (www.austinent.com). You may request and obtain a copy of our Notice of Privacy Practices anytime.

PATIENT ACKNOWLEDGEMENT

Signature of Patient or Responsible Party - Date

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and

agree that such terms may be amended from time-to-time by the practice.

Printed name of the patient