

**THE ORTHOPAEDIC CENTER OF CORPUS CHRISTI**  
NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS A SUMMARY THAT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE READ IT CAREFULLY. AT ANY TIME YOU CAN REQUEST A DETAILED COPY OF THIS NOTICE OF PRIVACY PRACTICES BY CONTACTING THE COMPLIANCE OFFICER LISTED ON THE FOLLOWING PAGE.

**Uses and Disclosure 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. Continuity of care is part of treatment and your records may be shared without your authorization to providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. For example, we may contact you by telephone or mail to provide appointment reminders.

We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes and in case of emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you 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. When we make a change, we will post the notice in the waiting area.

Subject to limitations as outlined by law, you have the right to request restrictions on certain uses and disclosures. However, the Orthopaedic Center is not obligated to agree to requested restrictions. You may also request, inspect, and get a copy of your protected health information with some limited exceptions. If you believe that information in your record is incorrect or important information is missing, you have the right to request that we correct or add the missing information.

**Complaints**

For more information about our privacy practices, and if you believe 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 on the following page. You may also make a complaint to the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

**Our Legal Policy**

**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 described in this office.**