



NOTICE OF PRIVACY PRACTICES

Effective 4/14/2003
Edited 02/09/2026

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!

CHANGES TO THIS NOTICE.

We may change our policies and privacy practices at any time. Changes will apply to your protected health information we already hold, as well as new information obtained after the change occurs. When we make a significant change in our policies, we will change our Notice and post the new Notice in the reception room of our facility. You can receive a copy of the current Notice at any time. The effective date is listed just below the title.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

- We may use and disclose medical and billing information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods.)
- We may use or disclose medical and billing information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out protected health information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, workers' compensation purposes, or during emergencies**. We may also disclose protected health information when required by law, such as in response to a request from law enforcement officials in specific circumstances, or in response to valid judicial or administrative orders.
- We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you, or to support **fund-raising efforts**.
- We may disclose medical and billing information about you to a friend or family member who is involved in your medical care or to disaster relief authorities.

OTHER USES OF MEDICAL INFORMATION.

- In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

- In most cases, **you have the right to look at or obtain a copy of medical and billing information** contained in the designated record set that we use to make decisions about your care. To inspect and copy medical and billing information that may be used to make decisions about you, you may submit your request in writing to:
PARIS ORTHOPEDIC CLINIC, P.A.
ATTN: RECORDS CUSTODIAN
3435 NE LOOP 286
PARIS, TX 75460
- If you request copies, we may charge a fee for the cost of copying, related supplies, or postage. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your designated record set is incorrect or if important information is missing, **you have the right to request that we correct the records**. Your request must be submitted in writing. A request for amendment must provide your reason for the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical or billing information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **You have the right to a list of those instances where we have disclosed medical and billing information about you**, other than for treatment, payment, health care operations, or where you specifically authorized a disclosure. When you submit a written request, the request must state the time period desired for the accounting, which must be less than a six (6)-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list

request in a 12- month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list. We will inform you of the cost before you incur any charges.

- **If this Notice was sent to you electronically, you have the right to a paper copy of this Notice.**
- You have the right to request that your medical and billing information be communicated to you in a confidential manner, **such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you.**
- **You may request, in writing, that we restrict use or disclosure of protected health information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request but we are NOT legally required to accept it. We will inform you of our decision.

All written requests or appeals should be submitted to our Privacy Office listed on this Notice.

COMPLAINTS.

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our office (listed below).
- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our office will provide you the address upon request.
- Under no circumstance will you be penalized or retaliated against for filing a complaint.

Office Contact Information

Privacy Officer
3435 NE Loop 286
Paris, TX 75460
Phone: (903) 737-0000
Fax: (903) 785-1277

If you have any questions, please contact our Privacy Office at the address or phone number on this Notice.

WHO WILL FOLLOW THIS NOTICE?

This Notice describes Paris Orthopedic Clinic, PA practices and those of:

- Health care professionals who are members of our workforce authorized access and/or enter information into your medical record;
- All employees and students.

OUR PLEDGE TO YOU.

We understand that information about you and your health is personal. We are committed to protecting medical and billing information about you. We create a record of the care and services you receive at our facility. This record contains medical and billing information and is used to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the facility.

This Notice will tell you about the ways in which we may use and disclose your medical and billing information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Keep medical and billing information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to medical and billing information about you; and
- Follow the terms of the Notice currently in effect.

AI Acknowledgement and Authorization:

Our practice may use an Artificial Intelligence (AI)-assisted medical scribe to help create clinical documentation during your visit.

The AI scribe may listen to and process conversations between you and your healthcare provider for the purpose of generating medical notes and related documentation in your medical record. The AI tool is used only to assist with documentation and does not make medical decisions or provide medical care.