

NOTICE OF PRIVACY PRACTICES

Hillside Medical Group | Multi-Specialty Practice | Texas

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 Commitment to Your Privacy

Hillside Medical Group is a Texas-based multi-specialty medical practice committed to protecting the privacy of your health information. We comply with HIPAA, the HITECH Act, and the Texas Medical Records Privacy Act (TMRPA). We are required by law to: (1) maintain the privacy and security of your Protected Health Information (PHI); (2) provide you with this Notice; and (3) notify you following a breach of your unsecured PHI.

1. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

A. Treatment, Payment, and Health Care Operations (No Authorization Required)

Treatment: We may use and share your PHI among the physicians, nurses, specialists, and other healthcare professionals within Hillside Medical Group to diagnose, treat, and coordinate your care. For example, your primary care physician may share information with a cardiologist, orthopedic surgeon, or other specialist within our group, or with outside providers, laboratories, pharmacies, or hospitals involved in your treatment.

Payment: We may use and disclose your PHI to obtain payment for services rendered. This includes submitting claims to your health insurance, Medicare, Medicaid, or other payers, and reviewing your coverage or eligibility.

Health Care Operations: We may use and disclose PHI for internal operations such as quality improvement, staff training, credentialing, accreditation, scheduling, risk management, and business planning activities necessary to run our multi-specialty practice.

B. Other Permitted Uses and Disclosures (No Authorization Required)

We may use or disclose your PHI without your written authorization for the following purposes:

- As required by federal, state, or local law
- Public health activities (e.g., reporting communicable diseases, vital records, FDA-required reports)
- Reporting abuse, neglect, or domestic violence to Texas authorities (DFPS or law enforcement)
- Health oversight activities such as government audits, investigations, or inspections
- Judicial or administrative proceedings in response to a court order or lawfully issued subpoena
- Law enforcement purposes under limited, legally required circumstances
- Research that meets strict federal privacy protections and IRB approval requirements
- Preventing or lessening a serious and imminent threat to health or safety
- Military, veterans, national security, or intelligence activities as authorized by law
- Workers' Compensation programs for work-related injuries or illnesses
- Coroners, medical examiners, or funeral directors as permitted by Texas law
- Organ, eye, or tissue donation and transplantation
- Specialized government functions (e.g., correctional institutions)

C. Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including: most marketing communications, sale of your health information, most uses of psychotherapy notes, and certain disclosures of sensitive information. You may revoke any authorization in writing at any time; however, revocation does not apply to actions already taken in reliance on your prior authorization.

2. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

■ Right to Access Your Records

You may inspect and receive a copy of your health and billing records. Submit your request in writing to our Privacy Officer. We will respond within 30 days. We may charge a reasonable, cost-based fee. Electronic records may be provided electronically upon request.

■ Right to Amend Your Records

If you believe your PHI is inaccurate or incomplete, you may request an amendment in writing, explaining your reason. We may deny the request if the records were not created by us, are not part of our designated record set, or are otherwise accurate. You may submit a statement of disagreement if denied.

■ Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made during the prior six years. This does not include disclosures for treatment, payment, or health care operations, or those made with your written authorization.

■ Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI. We are not required to agree, except that we MUST restrict disclosure to a health plan for services you paid for entirely out-of-pocket, if the disclosure is for payment or health care operations and is not required by law.

■ Right to Confidential Communications

You may request that we communicate with you in a specific way or at a specific location (e.g., only by mail, or at a different address). We will honor reasonable requests.

■ Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

■ Right to Be Notified of a Breach

If your unsecured PHI is compromised, we will notify you within 60 days of discovery as required by HIPAA and the HITECH Act.

■ Right to Opt Out of Fundraising

If we contact you for fundraising purposes, each communication will include instructions to opt out. Your care will not be affected by opting out.

3. SPECIAL PROTECTIONS UNDER TEXAS AND FEDERAL LAW

As a Texas multi-specialty practice, we apply heightened protections to certain categories of sensitive health information under both HIPAA and Texas-specific laws including the Texas Medical Records Privacy Act (Tex. Health & Safety Code Ch. 181) and Texas Health & Safety Code Ch. 611 (mental health records):

- Mental health and psychiatric records (Texas Health & Safety Code Ch. 611 — requires written consent for most disclosures)
- Substance use disorder treatment records (42 CFR Part 2 — federal confidentiality protections)
- HIV/AIDS testing, diagnosis, and treatment information (Texas Health & Safety Code Ch. 81)
- Genetic information (GINA — Genetic Information Nondiscrimination Act)
- Reproductive health information, including abortion-related care
- Sexual assault examination records
- Communicable disease records beyond standard reporting requirements

We will always apply the stricter of federal or Texas state law protections to these categories. Disclosure of these records may require your separate, specific written authorization.

4. ONLINE CHECK-IN AND DIGITAL PATIENT SERVICES

Hillside Medical Group offers a patient check-in portal at checkin.hillsideprimarycare.com. Any information you submit — including your name, date of birth, phone number, and email — is considered Protected Health Information and is subject to all protections described in this Notice.

- All data submitted through our online portal is encrypted in transit using SSL/TLS technology
- We do not sell or rent your digital check-in data to third parties
- We recommend using a private device and closing your browser session after check-in, especially on shared devices
- Our portal may use functional cookies necessary for operation; we do not use health data for targeted advertising
- Any third-party technology vendors who access PHI through our portal have signed a Business Associate Agreement (BAA) as required by HIPAA

5. OUR LEGAL DUTIES

Hillside Medical Group is required by law to:

- Maintain the privacy and security of your protected health information

- Provide you with this Notice of our privacy practices
- Follow the terms of the Notice currently in effect
- Notify you if we cannot agree to a requested restriction
- Accommodate reasonable requests for alternative means or locations of communication

We reserve the right to change the terms of this Notice. Any changes will apply to PHI we already maintain, as well as PHI we receive in the future. The updated Notice will be posted in our office and on our website. You may request a copy of the current Notice at any time.

6. FILING A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will **not** be penalized, retaliated against, or denied care for filing a complaint.

File With Hillside Medical Group	File With the Federal Government
Privacy Officer Hillside Medical Group www.hillsideprimarycare.com Phone: 210-742-6555 Email: admin@hillsidemedicalgroup.com Address: 12881 I35N Live Oak, Texas 78233	Office for Civil Rights (OCR) U.S. Dept. of Health & Human Services 200 Independence Ave., SW Washington, D.C. 20201 Phone: 1-800-368-1019 TDD: 1-800-537-7697 www.hhs.gov/ocr/privacy

7. CONTACT OUR PRIVACY OFFICER

Privacy Officer - Hillside Medical Group

Website: www.hillsideprimarycare.com
 Email: admin@hillsidemedicalgroup.com
 Phone: 210-742-6555
 Address: 12881 I35N, Live Oak, Texas 78233

This Notice is effective as of January 1, 2025. We reserve the right to revise this Notice at any time. The most current version will always be available at our office and on our website.

Hillside Medical Group | Multi-Specialty Group | Texas | Notice of Privacy Practices | Effective January 1, 2025 | Compliant with HIPAA, HITECH, and Texas Medical Records Privacy Act