

Timarron Family Medicine

200 Pecan Creek Dr · Southlake, Texas 76092 · 817.481.4739 · www.timarronfamilymedicine.com

NOTICE OF PRIVACY PRACTICES · Effective Date: 02/01/2026

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.

We are required by law to protect the privacy of your health information. This notice explains how we may use and share your information, your rights, and our duties. It applies to all records of your care created or received by Timarron Family Medicine, its providers, staff, and volunteers.

If you have questions about this notice, contact our Privacy Officer: **Michelle Barton · 817.481.4739 ext. 100 · michelle@timarronfamilymedicine.com · 200 Pecan Creek Dr, Southlake, TX 76092.**

Language assistance: If you need help in another language, or an auxiliary aid such as large print or a sign language interpreter, these services are available free of charge. Call 817.481.4739 or ask our front desk.

Your Rights

You have the following rights about your health information. To use any of them, contact our Privacy Officer.

- **Get a copy of your health and billing records.** You may see or get a paper or electronic copy of your records. We will provide your records within 15 business days of your written request. If we keep your records electronically, Texas law gives you the right to receive them in electronic form unless you agree to another form. We may charge a reasonable, cost-based fee as allowed by federal and Texas law.
- **Ask us to correct your records.** You may ask us to correct information you think is wrong or incomplete. We may say no, but we will tell you why in writing within 60 days.
- **Request confidential communications.** You may ask us to contact you in a specific way (for example, a cell phone) or at a different address. We will say yes to all reasonable requests.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, unless you pay for a service in full out of pocket and ask us not to share it with your health plan. We will agree to that request unless the law requires us to share it.
- **Get a list of those we shared your information with.** You may ask for a list (an “accounting”) of the times we shared your information in the six years before your request, who we shared it with, and why. This list does not include treatment, payment, operations, and some other disclosures. We provide one list a year free; we may charge a reasonable fee for more.
- **Get a copy of this notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If someone has medical power of attorney or is your legal guardian, that person can use your rights. We will confirm their authority first.
- **Be notified of a breach.** We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- **File a complaint.** If you believe your rights were violated, contact our Privacy Officer, or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue S.W., Washington, D.C. 20201, 1-877-696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For some health information, you can tell us your choices about what we share. Tell us what you want, and we will follow your instructions. You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or paying for it.
- Share information in a disaster relief situation.

If you cannot tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest. We may also share it when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

Other uses: Any use or sharing not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

Our Uses and Disclosures

We typically use or share your health information in the following ways. Where a federal or state law is stricter than HIPAA (including 42 CFR Part 2 for substance use disorder records, described below), we follow the stricter law.

Treatment. We use and share your information with other professionals who are treating you. *Example: your doctor shares information with a specialist about your condition.*

Payment. We use and share your information to bill and get payment from health plans or other entities. *Example: we give your health plan information so it will pay for your services.*

Health care operations. We use and share your information to run our clinic, improve care, and contact you when needed. *Example: we review records to evaluate the quality of care you received.*

Appointment reminders and health-related services. We may contact you to remind you of appointments or to tell you about treatment options and services that may interest you.

We are also allowed or required to share your information in other ways, usually for purposes that contribute to the public good. We must meet many conditions in the law first.

- **Public health and safety:** preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- **Research:** under conditions set by law, such as approval by a review board.
- **As required by law:** including to the Department of Health and Human Services when it wants to see that we comply with federal privacy law.
- **Organ and tissue donation:** to organ procurement organizations.
- **Medical examiners and funeral directors:** when an individual dies.

- **Workers' compensation, law enforcement, and other government requests:** for workers' compensation claims; for law enforcement purposes or with a law enforcement official; to health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- **Lawsuits and legal actions:** in response to a court or administrative order, or in response to a subpoena.
- **Business associates:** to companies that perform services for us under a written agreement requiring them to protect your information.

Redisclosure. When we share your information as permitted by HIPAA, the person or organization that receives it may share it again, and it may then no longer be protected by the HIPAA Privacy Rule. Substance use disorder records protected by 42 CFR Part 2 keep additional protections, as described below.

Texas Privacy Protections

Texas law gives you additional protections, and where it is stricter than HIPAA we follow it:

- **Electronic disclosure (Tex. Health & Safety Code § 181.154).** Your health information is subject to electronic disclosure. We will not disclose it electronically to anyone without your separate authorization for each disclosure, unless the disclosure is to another covered entity for treatment, payment, health care operations, or insurance or HMO functions, or is otherwise authorized or required by state or federal law. An authorization may be written, electronic, or oral if we document it in writing.
- **No sale of your information (§ 181.153).** We will not sell your health information, except as Texas law allows.
- **Mental health records (Tex. Health & Safety Code ch. 611).** Records of mental or emotional health care are confidential and may be released only with your written consent or as Chapter 611 permits. A professional may limit your access to these records if access would harm your physical, mental, or emotional health; you will be told why.
- **HIV and AIDS test results (Tex. Health & Safety Code § 81.103).** Test results are confidential and released only as that law allows, generally with your written consent.
- **Genetic testing (Tex. Occupations Code ch. 58).** Genetic test results are confidential and released only with your authorization or as that law allows.
- **Physician–patient confidentiality (Tex. Occupations Code ch. 159).** Communications with your physician and your medical records are confidential and released only with your written consent or as that law allows.
- **Minors (Tex. Family Code chs. 32 and 151).** A parent or guardian generally may access a minor's records. Texas law lets minors consent to certain care themselves, and records of that care may be handled under the special rules that apply to it.
- **Abuse and neglect reporting (Tex. Family Code ch. 261; Tex. Human Resources Code ch. 48).** We must report suspected abuse or neglect of a child, an elderly person, or a person with a disability.

You may also report a violation of Texas medical privacy law to the Office of the Texas Attorney General.

Substance Use Disorder Treatment Records (42 CFR Part 2)

Some records we create or receive about substance use disorder (SUD) treatment are protected by a federal law, 42 CFR Part 2 ("Part 2"). Part 2 is stricter than HIPAA in several ways, and we follow it for these records.

- **Consent for treatment, payment, and operations.** We may use or share Part 2 records for treatment, payment, or health care operations only with your written consent. You may give a single consent for all future such uses and disclosures. Once you do, we and other HIPAA covered entities and business associates who receive the records may use and share them as HIPAA allows, except as limited below. You may revoke your consent in writing at any time, except to the extent we have already acted on it.
- **Legal proceedings.** Part 2 records, or testimony about their contents, may not be used or shared in any civil, criminal, administrative, or legislative proceeding against you unless you give specific written consent or a court issues an order that meets Part 2 requirements. A court order must be accompanied by a subpoena or similar legal requirement before we can be compelled to share the records.
- **Uses without consent.** Part 2 permits limited disclosures without your consent, such as to medical personnel in a bona fide medical emergency, for certain research and audits, and to public health authorities when the information has been de-identified.
- **Limits on redisclosure.** Part 2 records shared with others carry a notice that they remain protected by Part 2. Recipients may not use them against you in the legal proceedings described above.
- **Fundraising.** If we use Part 2 records for fundraising, you will first have a clear opportunity to opt out.
- **Breach notification and complaints.** HIPAA breach notification rules apply to Part 2 records. You may file a complaint about a Part 2 violation with us or with the HHS Office for Civil Rights, as described under “Your Rights.”

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

Changes to this notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.

Contact. Privacy Officer: Michelle Barton · 817.481.4739 ext. 100 · michelle@timarronfamilymedicine.com · 200 Pecan Creek Dr, Southlake, TX 76092

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Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I received a copy of the Timarron Family Medicine Notice of Privacy Practices, effective 02/01/2026.

Patient name (print): _____

Signature: _____

Date: _____

If signed by a representative, name and relationship to patient:

Office use only — If acknowledgment was not obtained, describe the reason and the good-faith effort made:

Staff initials: _____ Date: _____