



NOTICE OF PRIVACY PRACTICES

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.

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Options: Your health information may be used as necessary to support the day-to-day activities and management of VIK Medical. For example, information on the services you received may be used to support financial reporting, and activities to evaluate and promote quality.

Legal Proceedings and law enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures not requiring authorization: Your health information may also be disclosed as required by the Texas workers' compensation law, if you are an inmate or under the custody of law enforcement, for specialized governmental functions such as military, national security and intelligence activities, or protection of the President, for research projects approved by an Institutional Review Board of privacy board, for organ donation, to coroners or medical examiners to identify a deceased or cause of death, and to funeral directors when disclosure is necessary for the director to carry out his/her duties.

Other uses and disclosures requiring your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual rights

You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

VIK Medical Duties

VIK Medical is required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal law, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. We must respond to your request within 60 days from the date the request is submitted.

Complaints or Contact Person

If you have questions about this notice or would like additional information, you may contact our Practice Manager, Andrea Connell, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Practice Manager at VIK Medical or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services
Office of the Secretary
200 Independence Avenue S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll free: (877) 696-6775
<http://www.hhs.gov/contacts>

VIK Medical Concierge
Andrea Connell
www.vikmedical.com

VIK Medical Concierge
6836 Bee Caves Rd., Ste. 103
Austin, TX 78746
(p) 512.494.4825
(f) 737.222.5985