

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.

This Notice of Privacy Practices describes how Stephenville Medical & Surgical Clinic, PA (SMSC) and affiliated Entities listed in this notice may use and disclose your information and the rights that you have regarding your protected health information (PHI).

These Entities understand that the medical information recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

OUR RESPONSIBILITIES:

We are required by law to:

- Protect the privacy and security of your protected health information;
- Give you this Notice of SMSC's/Entities legal duties and privacy practices regarding the information we maintain about you;
- Follow the legal duties and privacy practices described in this current notice and give you a copy of it;
- Notify you as required by state and federal law if a breach occurs that may have compromised the privacy or security of your information;
- Inform you that we must keep your medical records for a time required by law and then may dispose of them as permitted by law;
- In Texas, inform you that we use an electronic health record and may share your PHI electronically; and
- In Texas we will not email patients without written consent.

PROTECTED HEALTH INFORMATION:

PHI is defined by HIPAA as individually identifiable health information; it can be verbal, written or electronic.

YOUR RIGHTS

Although your health information is the physical property of the Entity or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed. In addition, you have the right to request, in writing, a restriction on disclosures of health information to a health plan with respect to treatment services for which you have paid out of pocket in full. In this case, we will honor the request. It will be your responsibility to notify any other providers of this restriction.

Request, in writing, to inspect or obtain a copy of your health record as provided by law;

Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted;

Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated;

Request, in writing, to obtain an accounting of disclosures or a report of who has accessed your health information as provided by law; and

Obtain a paper copy of this Notice of Privacy Practices on request.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will verify the person has this authority and can act for you before we take any action.

You can complain if you feel we have violated your rights by contacting us using the information on the cover of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaint/s/. We will not retaliate against you for filing a complaint.

You may exercise these rights by directing a request to the privacy officer contact listed on this Notice.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the following situations, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

Share information with your family, close friends, or others involved in your care

Share your information in a disaster relief situation

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

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Health Information Exchange

SMSC and Entities participate in electronic health exchanges and may share your health information as described in this Notice. Participation is voluntary. You will be given the opportunity to opt in to the electronic health information exchanges at the time of admission/registration.

In these cases we never share your information unless you give us WRITTEN PERMISSION:

- Marketing purposes
- Sale of your information
- Most sharing of sensitive information (including but not limited to HIV/AIDS, psychotherapy notes, substance use disorders, etc.)

SPECIAL NOTE: SUBSTANCE USE DISORDER RECORD (SUD)

Under federal regulations governing substance use disorder treatment records and HIPAA Privacy Rule updates effective **February 16, 2026**, if we **create or maintain SUD records**, we must include specific disclosures:

SUD confidentiality: SUD treatment records protected by 42 C.F.R. Part 2 may not be disclosed for treatment, payment, or health care operations unless the individual consents, except as allowed by applicable law.

Legal proceedings: These records generally *cannot* be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court order (with notice and opportunity to be heard).

Fundraising communications: If your SUD records would be used for fundraising, we must offer you a clear opportunity to opt out.

Restrictions under other laws: If other laws limit how your information may be used, we must reflect those limits here.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways. All of the ways your health information is used or shared should fall within one of these categories.

To treat you

We can use your health information and share it with other professionals who are treating you. For example, we may share

your information with another doctor or facility who is involved in your medical care and needs the information to provide you with medical treatment.

To bill for your services

We use and share your health information to bill and get payment from health plans or other entities.

For example, we may give your health plan information about you so that they will pay for your services.

To run our practice

We can use and share your health information to run our practice, improve your care, and contact you when necessary, including for appointment notifications.

For example, we use health information about you to manage your treatment and services. Students, volunteers and trainees may have access to your health information for training and treatment purposes as they participate in continuing education, training, internships and residency programs.

OTHER WAYS WE MAY USE OR DISCLOSE

We are allowed or required to share your information in other ways – usually ways that contribute to the public good, such as public health or research.

We may use your health information to:

Help with public health and safety issues

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research

Comply with the law

We will share information about you if state or federal laws require it,

including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you for workers' compensation, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

To Business Associates

We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. Our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Data Breach Notification Purposes

We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Inmates or Individuals in Custody

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

YOUR WRITTEN AUTHORIZATION IS REQUIRED IN THESE CIRCUMSTANCES

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose protected health information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office and on entity websites. The notice will contain the effective date on the first page of the notice.

Revision Date(s):

July 27, 2015

January 2, 2017

February 16, 2026



EST 1929

STEPHAVILLE MEDICAL & SURGICAL CLINIC

www.myprivia.com/smsc



EST 1995

Community Health Clinic

THE CLINIC AT GLEN ROSE BY SMSC

EST 2025

The Clinic at Glen Rose



Eye Care Consultants

www.ectexas.com

NOTICE OF PRIVACY PRACTICES

Effective Date:

March 14, 2013

Current revision February 16, 2026

Privacy Officer

150 River North Blvd.

Stephenville, TX 76401

privacyofficer@smsc.org

254-968-6051