

## NOTICE OF PRIVACY PRACTICES

New Braunfels Podiatry Associates

Effective Date: February 23, 2026

Last Updated: February 23, 2026

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**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.**

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### Our Commitment to Your Privacy

New Braunfels Podiatry Associates ("NB Podiatry," "we," "our," or "us") is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured PHI

Protected Health Information (PHI) includes information about your health condition, treatment, and payment for healthcare services that can identify you.

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### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI in the following ways:

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#### 1. For Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare.

Examples:

- Sharing information with other healthcare providers
  - Referring you to specialists
  - Consulting with laboratories or imaging centers
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#### 2. For Payment

We may use and disclose PHI to bill and collect payment for services provided.

Examples:

- Submitting claims to insurance companies
  - Verifying insurance coverage
  - Collecting outstanding balances
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#### 3. For Healthcare Operations

We may use PHI to support our business operations.

Examples:

- Quality improvement activities
  - Staff training
  - Compliance audits
  - Business planning
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#### 4. Appointment Reminders and Communication

We may contact you to:

- Confirm appointments
- Provide follow-up instructions
- Share treatment information
- Send billing notifications

Communication methods may include:

- Phone calls
- Voicemail
- Email
- SMS/Text messaging

You may request restrictions on certain forms of communication.

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#### 5. Individuals Involved in Your Care

Unless you object, we may disclose your PHI to family members or others involved in your care or payment for your care, as identified on your completed patient information forms.

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#### 6. Required by Law

We may disclose PHI when required by federal, state, or local law.

Examples:

- Public health reporting

- Law enforcement requests
- Court orders
- Workers' compensation claims

#### 7. Public Health and Safety

We may disclose PHI to:

- Prevent or control disease
- Report abuse or neglect
- Avert a serious threat to health or safety

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#### 8. Business Associates

We may share PHI with third-party service providers (Business Associates) who perform services on our behalf. These parties are required to protect your information under written agreements.

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#### USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before:

- Using or disclosing PHI for marketing purposes
- Selling your PHI
- Sharing psychotherapy notes (if applicable)
- Any other use not described in this Notice

You may revoke your authorization at any time in writing.

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#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

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##### 1. Right to Inspect and Copy

You may request access to your medical records. Requests must be made in writing. Reasonable fees may apply.

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##### 2. Right to Request Amendments

If you believe information in your record is incorrect, you may request an amendment in writing.

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##### 3. Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI. While we are not required to agree to all requests, we will comply when legally required.

You may request that we not disclose information to your insurance company if you pay in full out-of-pocket for a service.

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##### 4. Right to Request Confidential Communications

You may request that we contact you in a specific way (e.g., only at work, by mail, etc.).

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##### 5. Right to an Accounting of Disclosures

You may request a list of certain disclosures made in the past six (6) years.

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##### 6. Right to a Paper Copy of This Notice

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

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#### OUR DUTIES

We are required to:

- Maintain the privacy and security of your PHI
- Provide notice of our legal duties and privacy practices
- Notify you if a breach occurs
- Follow the terms of this Notice

We reserve the right to change this Notice. Any revised Notice will apply to all PHI we maintain and will be posted in our office and on our website.

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#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with: New Braunfels Podiatry Associates 1524 N Walnut Ave New Braunfels, TX 78130 Phone: (830) 625-1642 Or with: U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201. 1-877-696-6775 <https://www.hhs.gov/ocr/privacy/hipaa/complaints/> You will not be retaliated against for filing a complaint.

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#### CONTACT INFORMATION

If you have questions about this Notice or your privacy rights, please contact:

New Braunfels Podiatry Associates

1524 N Walnut Ave

New Braunfels, TX 78130

Phone: (830) 625-1642