



## Notice of Privacy Practices

**Your Information. Your Rights. Our Responsibilities.** This Notice of Privacy Practices applies to Geriatric Post-Acute Specialists (“GPS”) and its affiliated entity, Jason Martin Medical Consulting, LLC. It applies to all GPS physicians, Advanced Practice Nurse Practitioners (APRNs), physician assistants (PAs), and staff, wherever we care for you, including skilled nursing, long-term care, in home and assisted living facilities. The facility where you live or receive care keeps its own records and has its own 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.**

Effective Date: March 01, 2024

Revised Date: October 01, 2026

How to Contact Us: (In writing or by phone)

Privacy Officer: Randi Lee Jenkins

Geriatric Post-Acute Specialists

208 Bella Colinas, Austin, TX 78738

Phone: 512-840-1158 • Email: [lee@centxgps.com](mailto:lee@centxgps.com)

## Examples of Disclosures for Treatment, Payment, and Health Operations

**We will use your health information for treatment. Treatment includes the provision, coordination, and management of your health care.**

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your GPS provider will share your information with other providers such as specialists to whom you are referred for treatment purposes.

**We will use PHI for payment.**

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**We will use your health information for regular health operations, including necessary administrative and business functions.**

For example: Members of the medical staff, the risk or quality management manager, or members of the quality management team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and service we provide.

**Affiliated Entities:** Our affiliated entities will share your medical information as necessary to carry out treatment, payment, and health care operations.

**Business Associates:** There are some services provided to GPS through contracts with business associates. Examples include physician services in radiology, certain laboratory tests, transcription services and medical record copying services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party



payer for services rendered. To protect your health information, however, we receive assurances from the business associate that they will appropriately safeguard your information.

**Communication with family:** Unless you object, we may share information with family members, close friends, or others you identify who are involved in your care or in paying for your care. We share only what is relevant to their involvement. You may tell us who we may and may not speak with at any time, on the GPS Patient Consent and Acknowledgment form or by telling your provider. If you are not able to tell us your preference, for example if you are unconscious or unable to make decisions, we may share information if we believe it is in your best interest. Unless you object, we may also share information with disaster relief organizations so they can notify your family of your location and condition.

**Research:** We may use or share your information for research only with your written authorization, or when an institutional review board or privacy board has approved the research and established protections for your information.

**Coroners, Medical Examiners, and Funeral Directors:** We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Organ Procurement Organizations:** If you have formally indicated your desire to be an organ donor, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Administrative and Operational Communications:** We may contact you, or your representative, by phone, mail, or text message to provide appointment reminders, care updates, and information about treatment alternatives and health-related benefits and services that may be of interest to you, and for our health care operations. Text messages are sent only to patients who have given consent, and that consent may be withdrawn at any time by replying STOP or by telling our office.

**Food and Drug Administration (FDA):** We may disclose health information relative to adverse events with respect to food supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health Activities:** Where required or permitted by law, we will disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability, and for purposes such as product recalls.

**Abuse, Neglect, or Exploitation:** We will report suspected abuse, neglect, exploitation, or domestic violence as required or permitted by law. Texas law requires us to report suspected abuse, neglect, or exploitation of older adults and people with disabilities.

**Health Oversight Activities:** We may disclose health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.



**Law Enforcement:** We may disclose health information for law enforcement purposes, or to a law enforcement official, as permitted or required by law.

**Judicial and Administrative Proceedings:** We may disclose health information in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, subject to the protections required by law.

### ***Special Protections for Substance Use Disorder Records***

*Some records we receive from federally assisted substance use disorder (SUD) treatment programs are protected by an additional federal law, 42 CFR Part 2 ("Part 2 records"). If we receive or maintain Part 2 records about you:*

- *We will not use or share them, or testimony describing them, in any civil, criminal, administrative, or legislative investigation or proceeding against you, **unless you give specific written consent or a court issues an order** after you have been given notice and an opportunity to be heard. A court order must be accompanied by a subpoena or other legal requirement before we can be compelled to disclose.*
- *If you have signed a single consent allowing Part 2 records to be used for treatment, payment, and health care operations, we may use and share those records for those purposes as HIPAA permits. You may revoke that consent in writing at any time.*
- *Some uses and disclosures that HIPAA would otherwise allow may be more limited for Part 2 records.*
- *We will not use Part 2 records for fundraising unless you are first given a clear opportunity to opt out.*

### **Additional Protections Under Texas Law**

Texas law (Texas Health and Safety Code, Chapter 181) provides additional protections for your health information:

- Your health information may be disclosed electronically, for example when we send records to another provider or submit a claim to your health plan. Except for treatment, payment, health care operations, insurance or HMO purposes, or as otherwise authorized or required by law, we will not disclose your health information electronically without your authorization.
- We will not sell your health information.
- If you request a copy of your electronic health record, we will provide it within 15 business days of receiving your written request.

### **Understanding Your Health Record/Health**



Each time you visit a GPS provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

**Understanding what is in your record and how your health information is used helps you to:**

- Confirm its accuracy.
- Better understand who, what, when, where and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others Your Health Information Rights

Although your health record is the physical property of Geriatric Post-Acute Specialists, the information belongs to you.

**You have the right to:**

- Request a restriction on certain uses and disclosures of your information.
- Request that we not notify your health insurer of your treatment if you pay cash for the treatment.
- Obtain a paper copy of this notice of privacy practices upon request, even if you have agreed to receive it electronically.
- Inspect and obtain a copy of your health record. We will respond within 30 days, or within 15 business days for records we keep electronically, as Texas law requires. We may charge a reasonable, cost-based fee.
- Request an amendment to your health record.
- Obtain an accounting of certain disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Receive notice following a breach of your unsecured health information.
- Choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian or authorized surrogate decision-maker, that person can exercise your rights and make choices about your health information. We will confirm the person has this authority before we take any action.



- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

#### **Our Responsibilities Geriatric Post-Acute Specialists will:**

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Not share mobile numbers or text messaging consent with third parties or affiliates for marketing or promotional purposes.
- Notify you promptly following a breach of your unsecured health information.
- Not use or share your information other than as described in this notice unless you tell us we can in writing.

#### **Breach Notification:**

GPS will notify you of any unauthorized acquisition, access, use, or disclosure of your unsecured PHI that presents a significant risk of financial, reputational, or other harm to you, to the extent required by law. Unsecured PHI means PHI not secured by technology that renders the information unusable, unreadable, or undecipherable as required by law.

#### **Changes to Terms:**

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the amended notice of privacy practices on our company website. You may request that a copy be provided to you by contacting our primary office at 512-840-1158

#### **For more information:**

If you have questions and would like additional information, you may contact our office at 512-840-1158.

#### **To file a complaint:**

If you believe your privacy rights have been violated, you can file a complaint with our Office, 208 Bella Colinas, Austin, TX 78738, or with the Secretary of Health and Human Services at the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint.



<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html#:~:text=The%20Privacy%20Rule%2C%20a%20Federal,electronic%2C%20written%2C%20or%20oral.>