



***Austin County Orthopedics***  
***A Direct Specialty Care Clinic***  
***Dr. Shawn E. Johnson M.D.***

**NOTICE OF PRIVACY PRACTICES**

**PLEASE REVIEW THIS INFORMATION 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 you, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services. For example, there may be a request for information on dates of service, the service provided, and the medical condition being treated. This will be shared.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of Austin County Orthopedics. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**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 require your authorization. Disclosures 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. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contain genetic information that will be used for underwriting purposes.

**Patient Individual Rights:** You have certain rights under the 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 amend or submit corrections to 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 opt out of fundraising communications
- . The right to receive a printed copy of this notice.

**Austin County Orthopedics:** We are required by law to maintain the privacy of your protected health information and to provide you with this "Notice of Privacy Practices" for your review. A personal copy will be provided upon request. We also are required to abide by the privacy policies and practices that are outlined in the notice. In the event of a breach of unsecured protected health information. If your information has been compromised it is our duty to notify you.

FOR ANY QUESTIONS PLEASE VISIT  
[drshawnmdortho.com](http://drshawnmdortho.com)



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**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 notices on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Complaints:** If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Austin County Orthopedics, 5373 W. Alabama Unit 204, Houston, TX 77056. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

**Contact Person:** The name and address of the person you may contact for further information concerning our privacy practices is:  
Dr. Shawn E. Johnson, MD- Practice Manager at 5373 W. Alabama Unit 204, Houston, TX 77056

**Effective Date:** This notice is effective on or after November 1, 2023

**Acknowledgement of Receipt of Notice of Privacy Practices**

Austin County Orthopedics reserves the right to modify the privacy practices outlined in this notice.