



NOTICE OF PRIVACY PRACTICES

When it comes to your health and personal identifying information, Low T Center takes your privacy and security seriously. This policy explains your rights and some of our responsibilities to help you understand how we use and manage your personal information. The information subject to this policy includes your "personal identifying information," which may include data such as your social security number, drivers license number, biometric data, credit or debit card numbers, as well as "protected health information," which includes information that you share with us treatment, payment, or our operations. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

We Do Not Sell Or Share Your Information With Others

Unless you provide us with permission (for instance, by authorizing the release of your medical records to a third party) we will not release or share your information unless the law requires us to do so. You can ask to see or get an electronic or paper copy of your medical record and other health information at any reasonable time. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee when appropriate. We may say "no" to your request, but we'll tell you why in writing within 60 days. You can also ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would effect your care or our ability to comply with our obligations under the law or to your insurance carrier. However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. You can also ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will provide you with copies of your medical records at your request, normally within fifteen days of your request, subject to the conditions and charges allowed by the laws of your state.

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, talk to us. You can tell us how to (i) share information with your family, close friends, or others involved in your care, (ii) share information in a disaster relief situation, (iii) share information through communication instructions that you provide to us (text, email, etc.). If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and 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. You can ask us to correct health information about you that you think is incorrect or incomplete. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail, email, or text messages to a certain address or telephone number in order to receive information about the services we provide. If you have given someone medical power of attorney (not a durable power of attorney or a general 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 make sure the person has this authority and can act for you before we take any action. As a service to our patients, we provide courtesy appointment reminder calls/texts to your cellphone or email account. You may also receive appointment reminders and other information via automated telephone reminders. In some cases, if you use voicemail, we may leave you a voicemail message. The information transmitted can include protected health information. You have the right to opt out of these programs if you do not consent to receiving such calls, texts, emails and reminders. If you do not want to participate, let us know in writing and we will remove you from these programs.

How We Use Your Information

We can use your health information and share it with other professionals who are treating you. We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may use audio or

video recording devices to ensure that you have a quality patient experience, or to facilitate treatment. We may also use your personal information to contact you or remind you of appointments, or to inform you about products or services that we offer which may be of interest to you. We can use and share your health information to bill you for services, or to bill and get payment from health plans or other entities. In some cases, we are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. The law provides that we can also share health information about you for certain things, like (i) preventing disease, (ii) helping with product recalls, (iii) reporting adverse reactions to medications, (iv) reporting suspected abuse, neglect, or domestic violence, (v) preventing or reducing a serious threat to anyone's health or safety, or (vi) doing research. We may use de-identified statistical or numerical data for purposes of medical research (de-identified means that your identifying information has been removed). We will not use non-de-identified data for research without your permission and consent.

Required Disclosures

Will also 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're complying with federal privacy law. We may share your information to respond to requests from a medical examiner, coroner, or funeral director. We may share your information in response to a proper request, for instance, (i) in relation to workers' compensation claims, (ii) for law enforcement purposes or with a law enforcement official, (iii) with health oversight agencies for activities authorized by law, (iv) for special government functions such as military, national security, and presidential protective services, (v) to respond to lawsuits and legal actions, or (vi) in response to a subpoena, or a court or administrative order.

Our Responsibilities

We are required by law to maintain the privacy and security of your personal and protected health information. We will let you know promptly if we determine that a breach has occurred that may have compromised the privacy or security of your electronically stored information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

File A Complaint

You can complain if you feel that we have violated your your rights by contacting us as follows: Low T Center, 1920 East Highway 114, Southlake, Texas 76092 ATTN: Privacy Enforcement. Our Privacy Officer is Crystal Nowell, and she can also be reached at crystal.nowell@lowtcenter.com. You can also 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site, at www.lowtcenter.com/privacy.