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www.accessclinics.org info@accessclinics.org

Access Esperanza Clinics places a high priority on protecting the privacy of the people we serve and the organizations and people who support our services for this community. The following notices explain our policies regarding privacy for our website visitors, our donors, and our clinic clients.

WEBSITE PRIVACY POLICY

This privacy policy demonstrates our commitment to privacy and explains the types of information we collect on the AccessClinics.org website and how this information is used.

Personally Identifiable Information We Collect

Individuals that sign up to receive Access Esperanza Clinics e-communications voluntarily provide us with contact information such as their name, e-mail address, and phone number. We may use this information for specific, limited purposes. Personal information related to appointment requests is saved on an outside encrypted server and not on the AccessClinics.org website. You may always "opt-out," either now or at any time in the future if you do not wish to receive our messages.

IP addresses

Access Esperanza Clinics uses your IP address to help diagnose problems with our server, to administer AccessClinics.org, and for statistical metrics used to track website visitor traffic.

Cookies

AccessClinics.org uses "cookie" messages to automatically provide better services; they remind us who you are and your preferences for our website based on what you've done and told us before. The "cookie" is placed on your computer and is read when you return to our website. "Cookies" let us easily take you to the information and features you previously visited. They also let us track your usage of AccessClinics.org, so we know which parts of our sites are the most popular. You can instruct your web browser to reject or cancel "cookies".

How Your Information May Be Used

We use your personal information to respond to your specific requests. People who sign up to volunteer receive information about volunteer opportunities. People who indicate they want to support Access Esperanza Clinics receive information about donations and fundraising events. People who request clinic appointments or information about our health services receive responses based on their specific inquiry. You may choose to opt-out from receiving our messages at any time, which will cease all communications from us.

We may use your information to track visits to our website so we can see which of our features best serve our users' needs. Your information allows us to share aggregate data about our traffic with outside parties. Aggregate data does not identify you personally but shows how many visitors use the different features on the website.

Email and Phone Privacy

Access Esperanza Clinics does not provide, sell, or rent email addresses or phone numbers to anyone outside the organization.

External Links

AccessClinics.org includes links to external websites. These links do not fall under the AccessClinics.org domain, and Access Esperanza Clinics is not responsible for the privacy practices or the content of external websites. Your use of any linked website is solely at your own risk.

Modifications

We may amend this privacy policy from time to time; please review it periodically. We maintain the option to modify this privacy at any time by electronic notice posted on our website. Your continued use of our website after the date that such notices are posted will be deemed to be your agreement to the changed terms.

DONOR PRIVACY

Access Esperanza Clinics Inc. does not provide, share, or trade donor names or personal information with any other entity. This policy applies to all donor information received by AEC, both online and offline, on any online or offline platform, including the AccessClinics.org website and social media as well as any other electronic, written, or oral communications.

To the extent any donations are processed through a third-party service provider, donor information will only be used for purposes necessary to process the donation.

CLIENT PRIVACY

At Access Esperanza Clinics Inc., we know you value your privacy.

That is why we are committed to the confidentiality and security of your health information. We maintain physical, administrative, and technical safeguards to protect against unauthorized access, use, or disclosure of your health information. This includes protected health information of our current and former patients.

This section explains your rights and some of our responsibilities to protect your privacy. This notice is effective as of January 1, 2016.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a paper copy of your medical record:

- You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.
- 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.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will approve all reasonable requests.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will approve all reasonable requests.

Ask us to limit the information we use or share

- You can 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 affect your care.
- 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.
- We will approve your request unless a law requires us to share that information.

File a complaint if you feel your privacy rights are violated:

- You can contact us at info@accessclinics.org, by calling 956-688-3700, or by contact us at Access Esperanza Clinics 916 East Hackberry Street, Suite A McAllen, Texas 78501.
- 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- Rest assured, we will not retaliate against you for filing a complaint.

Get a list of those with whom we’ve shared information:

- You can 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'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- 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.

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 make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can make a complaint by calling 956-688-3700, emailing info@accessclinics.org, or writing to 916 East hackberry Street, McAllen, Texas 78501
- 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- Rest assured we will not retaliate against you for filing a complaint.

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 situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts If you are not able to tell us your preference, 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.

We never sell or share your information to outside groups for marketing purposes. We may contact you for our fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.

- Example: A doctor treating you for an injury asks another doctor about your overall health condition. Run our organization
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
 - Example: We use health information about you to manage your treatment and services. Bill for your services
- We can use and share your health information to bill and get payment from health plans or other entities.
 - Example: We give information about you to your health insurance plan so it will pay for your services.

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. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues:

- We can share health information about you for certain situations such as:
 - 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’re 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 claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - 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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your 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.

Changes to the Terms of This Notice:

Any changes we make to this notice will apply to all information we have about you. If changes are made, the new notice will be available upon request, in our office, and on our web site.