Texas Vasectomy Center
Darren M. Chapman, MD PLLC
10970 Shadow Creek Parkway, Suite 255 | Pearland, TX 77584
(832) 753-4300 | Fax (832) 753-4301

Notice of Privacy Practices

Effective August 2, 2026

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.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice applies to Texas Vasectomy Center and Darren M. Chapman, MD PLLC. It explains how we may use and share your protected health information, your rights regarding that information, and our legal responsibilities.

YOUR RIGHTS

Get an electronic or paper copy of your medical record: You may inspect or request a copy of your medical and billing records. We will usually provide a copy or summary within 30 days and may charge a reasonable, cost-based fee.

Ask us to correct your record: You may ask us to correct health information you believe is incorrect or incomplete. We may deny the request, but we will explain why in writing.

Request confidential communications: You may ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share: You may ask us not to use or share certain information for treatment, payment, or operations. We are generally not required to agree. If you pay in full out of pocket, you may ask us not to share that service with your health plan for payment or operations, and we will agree unless the law requires disclosure.

Get a list of disclosures: You may request an accounting of certain disclosures made during the six years before your request. The first accounting in a 12-month period is free; additional requests may involve a reasonable fee.

Get a copy of this notice: You may request a paper copy at any time, even if you received it electronically.

Choose someone to act for you: A legally authorized personal representative may exercise your rights after we verify that authority.

File a complaint: You may complain to us or to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

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YOUR CHOICES

Family, friends, and others involved in your care: Tell us your preference about sharing relevant information with family members, friends, or others involved in your care or payment. If you cannot tell us your preference, we may share information when we believe it is in your best interest or necessary to reduce a serious and imminent threat.

Disaster relief: We may share limited information with an organization assisting in disaster relief unless you tell us not to, when practical.

Marketing, sale of information, and most psychotherapy notes: We will obtain your written authorization before using your information for most marketing, selling your information, or most uses and disclosures of psychotherapy notes. Texas Vasectomy Center does not sell patient information.

Fundraising: Texas Vasectomy Center does not conduct fundraising using patient health information.

HOW WE MAY USE AND SHARE YOUR INFORMATION

Treat you: We may use and share your information with physicians, laboratories, pharmacies, Fellow, and other health professionals involved in your care.

Run our practice: We may use and share information to operate the practice, improve care, train staff, conduct quality review, and contact you about appointments or care.

Bill for services: We may use and share information with health plans and others responsible for payment.

Help with public health and safety: We may share information for disease prevention, product recalls, reporting adverse reactions, preventing or reducing serious threats, and reporting suspected abuse, neglect, or domestic violence when authorized or required by law.

Comply with law: We will share information when federal or state law requires it, including with HHS to verify HIPAA compliance.

Respond to organ and tissue donation requests: We may share information with organ-procurement organizations when applicable.

Work with a medical examiner or funeral director: We may share information as permitted by law when an individual dies.

Address workers compensation, law enforcement, and government requests: We may share information for workers compensation claims, certain law-enforcement purposes, health oversight, military or national-security activities, and protective services as permitted by law.

Respond to lawsuits and legal proceedings: We may share information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable safeguards.

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SPECIALLY PROTECTED INFORMATION

Some types of information may receive additional protection under federal or Texas law. When a stricter law applies, we will follow the stricter requirement. This may include certain information concerning substance use disorder treatment records, mental health records, genetic information, HIV/AIDS, and other specially protected records.

Substance use disorder records protected by 42 CFR Part 2 generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the patient's written consent or a court order that meets applicable requirements. We will comply with all applicable Part 2 restrictions for any such records we create or maintain.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will notify you 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 the notice currently in effect and provide you a copy.

We will not use or share your information other than as described here unless you authorize it in writing. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

We may change this notice. Changes may apply to all information we maintain. The current notice will be available in the office, upon request, and on our website.

QUESTIONS AND COMPLAINTS

For questions, requests, or complaints, contact:

Privacy Officer
Texas Vasectomy Center / Darren M. Chapman, MD PLLC
10970 Shadow Creek Parkway, Suite 255
Pearland, Texas 77584
Phone: (832) 753-4300 | Fax: (832) 753-4301

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or using the complaint process available through HHS. We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I was offered or received a copy of the Texas Vasectomy Center Notice of Privacy Practices. I understand that signing this acknowledgment does not authorize any special use or disclosure of my health information and that treatment is not conditioned on signing it.

_____	_____	_____
Patient name	Signature	Date

For office use if acknowledgment was not obtained: Reason: _____

Staff member / date: _____