

# 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. This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

## A. Treatment, Payments, Health Care Operations

### Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a primary care physician, when we do a referral we may need to share your medical information with the specialist.

### Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

### Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

### Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

### To Your Family and Friends

We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree to do so.

### Persons Involved in Care

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

### Marketing Health-Related Services

We will not use your health information for marketing communications without your written authorization.

## B. Disclosures that can be made without your Authorization

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing and identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

### Public Health, Abuse or Neglect, and Health Oversight.

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploration to report that information to the state, and HIPPA privacy regulations permit the disclosure of information to report abuse or neglect of elders or disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

## **Legal Proceedings and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to legal process, such as a warrant or subpoena
- The information pertains to a victim of crime and you are incapacitated
- The information pertains to a person who has died under circumstances that may be related to criminal conduct
- The information is about a victim of a crime and we are unable to obtain the person's agreement
- The information is released because of a crime that has occurred on these premises
- The information is released to locate a fugitive, missing person, or suspect

We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

## **Workers Compensation**

We may disclose your medical information as required by worker's compensation law.

## **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution to provide you with medical care, to protect health or the health and safety of others, or for the safety and security of the institution.

## **Military, National Security & Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protection services for the president of the United States, other authorized government officials, or foreign heads of state.

## **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organization for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

## **Required by Law**

We may release your medical information when the disclosure is required by law.

## **C. Your Rights Under Federal Law**

The U.S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPPA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPPA rights.

### **Patient Rights**

**Access:** you have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format that you request unless we cannot practically do so. You must make a request in writing to obtain your health information. Please submit your request to the person listed at the end of this document. We will charge you a reasonable fee for expenses such as copies and staff time. You may also send us a letter requesting access to your health information, by sending a letter to the address listed below. If you request an alternative format, you will be charged a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure. We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes
- The information reveals the identity of a person who provided information under a promise of confidentiality
- The information is subject to the Clinical Laboratory Amendments of 1988
- The information has been compiled in anticipation of litigation

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access.

Texas law requires us to be ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

**Disclosure Accounting:** You have the right to receive a list of instance in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost-based fee for responding to these requests.

**Restriction:** You have the right to request that we place additional restrictions on our use and disclose of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our web-site or by electronic mail (e-mail), you are entitled to receive this notice in written format.

## **D. Appointment Reminders**

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages or letters). The extent of the message will include the date and time of your appointment and our office name, physician's name, and our phone number. IF you are to be reminded of any special instructions to do before your appointment, we may also include this information. Please provide us with a contact number that you would like to receive your appointment reminders. We will only send a letter if you miss your appointment and we are unable to reach you by telephone.

## **E. Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclose of your health information or to have us communicate with you by alternative means or an alternative location, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **F. Our Promise to You**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

## **G. Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Contact Officer: Nancy Naghavi, D.O.

Mailing Address: 3919 North Fry Road, Katy, Texas 77449

Phone Number: (281) 646-CARE

Fax Number: (281) 646-9511

This notice is effective 4/13/03