

HIPAA: HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PRIVATE MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. THIS IS A CONDENSED VERSION OF THE PRIVACY PRACTICE POLICY. A COPY IS AVAILABLE IN THE WAITING AREA. YOU MAY REQUEST A COMPLETE COPY FROM OUR STAFF.

PLEASE REVIEW CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this condensed explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment review.

We may contact you to provide appointment reminders, or information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

There are situations in which we are permitted by law 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 any 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 disclosure or uses already made or taken in reliance on that authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and/or copy health information that is within the designation record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection also be made in writing. Texas law allows 15 days for us to comply with the requests. Texas law also allows our fee of \$25 for the first 20 pages / \$0.25 per page for the following pages of the requested copies.
- The right to amend your protected health information. This request must be in writing. Texas law allows 60 days for compliance.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a copy of the “complete” version of this notice upon request.

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.

If you have any question or want to make a request pursuant to the rights described above, please contact our Privacy Officer:

Deborah S. Santifer, CPC
P O Box 1223
Georgetown, TX 78627-1223
Phone (512) 863-8600
Fax (512) 863-8641

This notice is effective April 14, 2003, as required by federal law.

We may change our policies and this notice at any time and have those revised policies apply to all protected health information we maintain. If or when we change our notice, we will post the new notice in the waiting area.