

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.

Protected Health Information (PHI) is information about your identity (your name, address, social security number, etc.), your past, present, or future medical or mental condition (history of illnesses, current medications, etc.), past present or future related health care services (lab tests, procedures, etc.), and past, present, or future payment for medical services.

Use or Disclosure of PHI for Treatment, Payment, and Operations:

Treatment: We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of a specialist.

Payment: We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you.

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

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 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 disclosures or uses already made or that rely on that authorization.

Public Health, Abuse or Neglect, and Health Oversight:

Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), 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 contracting 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 a disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of the 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. 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 workers' 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 or law enforcement official.

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 organizations 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.

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 (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

Requested Restrictions:

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. You also may request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care. To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e., on the use of information, disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

Receiving Confidential Communications by Alternative Means:

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information:

You may inspect health information that is within the designated 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 of your health information also be made in writing. Please send your request to the person listed at the end of this document.

We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons: The information reveals the identity of a person who provided information under a promise of confidentiality, the information is subject to the Clinical Laboratory Improvements Amendments of 1988; and/or the information has been compiled in anticipation of litigation.

We can refuse to provide access to our 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. HIPAA permits us to charge a reasonable cost-based fee.

Amendment of Medical Information:

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document. We will respond within 60 days of your request. All amendments to the designated record set will be made in green ink only. We may refuse to allow an amendment for the following reasons:

- The information was not created by this practice or the physicians in this practice.
- The information is not part of the designated record set.
- The information is not available for inspection because of an appropriate denial.
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we now have the correct information.

Accounting of Certain Disclosures:

HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person at the end of this document. Your first account of disclosures (within a 12-month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

Appointment Reminders, Treatment Alternatives, and Other Benefits

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

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

Laura Eaton, Office Manager

5819 Highway 6 South, Suite 330

Missouri City, Texas 77459

(281) 499-6300 ext. 101

fax: (281) 261-0155

leaton-peds@comcast.net

Acknowledgement of Receipt and Consent to Use Protected Health Information (PHI)

As indicated in the *Notice of Privacy Practices*, disclosures may be made without additional patient permission, if they are related to the treatment of the patient, obtaining payment for services, or office operations, unless the patient has requested such disclosure not be made or be made in an alternative fashion.

- Disclosures made for purposes of treatment, payment or operations will be consistent with the information supplied to patients in the *Notice of Privacy Practices*. See *Notice of Privacy Practices* policy and procedure. (Copies can be obtained from our office or website.)
- For purposes of payment or operations, the minimum amount of information necessary to accomplish the intended purpose will be released, but disclosures related to treatment will be made as necessary to assure quality patient care.
- This office may disclose PHI to another covered entity or a health care provider for the payment activities of the entity that receives the information.

I, the undersigned, hereby acknowledge or affirm that:

1. I have received a copy of Notice of Privacy Practices.
2. I understand that authorization is not necessary for the use and disclosure of PHI for the purpose of treatment, payment or operations.
3. I understand that any use or disclosure of PHI outside of treatment, payment and operations will require separate written permission.

This Acknowledgement of Receipt and Consent to Use Protected Health Information pertains to the following child(ren):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Signature of Parent/Guardian

Date