

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**



**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 office is required by a federal regulation, known as the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

### **YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you. You have a right to:

1. You have the right to review this Notice before signing the acknowledgment authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.
2. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office—we are not required to grant the request but we will comply with any request granted;
3. Request not to disclose certain PHI to health plan if the information solely concerns a health care item or service that the patient has paid for in full out-of-pocket (i.e. patient pays in full for a service upon delivery of that service and request that his/her physician not submit the bill to his/her commercial health plan). Obtain a copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
4. Request that you be allowed to inspect and review your medical record and billing record—you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request;
5. Appeal a denial of access to your protected health information except in certain circumstances;
6. Request that your medical record be amended to correct incomplete or incorrect information by delivering a written request, including a reason to support it, to our office using the form we provide to you upon request. However, we are not required to make such amendments.;
7. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
8. Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. Covered entities using electronic health records are required to honor patient request for accounting of disclosures, including treatment, payment and healthcare operations. An accounting will not include uses and disclosures of information for treatment, payment, or health care operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; or to family members or friends or uses relevant to that person's involvement in your care or in payment for such care; or uses or disclosures to notify family or others responsible for your care of your location, condition, or your death; we may charge a cost-based fee accounting as allowed by law.
9. Request that confidential communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide to you upon request; and,
10. Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact the **Privacy Officer, 956-412-2836, 1206 South F Street, Suite #1, Harlingen, TX 78550**, in person or in writing, during normal business hours. Our Privacy Officer will provide you with assistance on the steps to take to exercise your rights.

### **INFORMATION REGARDING PRIVACY POLICY DURING GROUP VISITS**

During a group visit, it is possible that some of my individually identifiable health information will be disclosed. Prior to participating in a group visit, you will be given our *Group Visit Confidentiality Agreement and Group Visit HIPAA Notice*.

## **OUR RESPONSIBILITIES:**

*The office is required to:*

1. Maintain the privacy of your health information as required by law;
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
3. Abide by the terms of this Notice;
4. Notify you if we cannot accommodate a requested restriction or request; and
5. Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

## **TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information, want to report a problem regarding the handling of your information, or if you believe your privacy rights have been violated and wish to file a written complaint with our office, please contact *the Privacy Officer* at **956-412-2836**. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

1. We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment.
2. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

## **OTHER DISCLOSURES AND USES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION**

### ***Disaster Relief***

We may use and disclose your health information to assist in disaster relief efforts.

### ***Medicare Accountable Care Organizations (ACOs)***

We may release health information about you to a Medicare ACO. An ACO is a group of doctors, hospitals, and/or other health care providers working together with Medicare to give you better, more coordinated service and health care.

### ***Employers***

We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute an authorization for the release of information.

### ***Deceased Persons***

We may disclose your health information to funeral directors, medical examiners, or coroners consistent with applicable law to allow them to carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

### ***Organ Procurement Organizations***

Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

### ***Sign in Sheet***

We may use and disclose your health information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

### ***Appointment Reminders, Marketing and Treatment Alternatives***

We may contact you to provide you with appointment reminders, or with information about other health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not disclose your health information without your written authorization. **Any limitation that I might require for the use of protected health information is to be listed on the acknowledgement form.**

### ***Food and Drug Administration (FDA)***

We may disclose to the FDA your health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### ***Workers' Compensation***

If you are seeking compensation through Workers' Compensation, we may disclose your health information to the extent necessary to comply with laws relating to Workers' Compensation.

### ***Public Health***

1. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.
2. Abuse, Neglect & Domestic Violence
3. We may disclose your health information to public authorities as allowed by law to report abuse, neglect, or domestic violence.

### ***Inmates***

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may disclose to the institution or law enforcement official health information necessary for your health and the health and safety of other individuals.

### ***Law Enforcement***

We may disclose your health information for law enforcement purposes as required by law, such as when required by a court order; for identification of a victim of a crime if certain protective requirements are met; to report a crime on our premises; to report crime in emergencies; and other appropriate situations permitted by law.

### ***Health Oversight***

We may disclose your health information to appropriate health oversight agencies or for health oversight activities.

### ***Judicial/Administrative Proceedings***

We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order or in response to a subpoena, with your authorization, discovery request or other lawful process if certain specific requirements are met.

### ***Serious Threat***

To avert a serious threat to health or safety, we may disclose your health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

### ***For Specialized Governmental Functions***

We may disclose your health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### ***Other Uses***

Other uses and disclosures of your health information besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided in this Notice.

### ***Research***

We may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.