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Raintree Family Medicine
997 Raintree Circle, Suite 180 (LB8)
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Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

Each time you visit or have contact with this office, a record of your contact/visit is prepared, which contains your **Protected Health Information (PHI)**. We are required by law to maintain the confidentiality of health information which identifies you, and our entire staff is dedicated to this purpose. In addition, we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights regarding your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI, which are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records, past or future. We will post a copy of our current Notice in our office, and you may request a copy of the most current Notice at any time.

Use and Disclosure of PHI

(We may use and disclose your PHI in the ways listed below)

- **TREATMENT** – We may use your PHI to provide, coordinate, or manage your healthcare and any related services. This includes providing your PHI to a third party, such as a pharmacy, a laboratory, or a home health agency, for treatment purposes. We may also provide your PHI to another doctor or treatment facility involved in your care. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, parents, or home nurses.
- **PAYMENT** – We may use and disclose your PHI to obtain payment for the services which we provide. This includes disclosure to your insurance company to obtain information regarding eligibility and referrals, or whether a certain benefit is covered by your plan. In order to be reimbursed for treatment, we may need to disclose PHI by demonstrating the medical necessity of a service, as required by your insurance company. We may also disclose patient information to another provider for the other provider's payment activities.
- **HEALTH CARE OPERATIONS** – We may use and disclose your PHI to operate this business, which may include quality assessment and improvement activities, employee review activities, compliance review and auditing, business management and general administrative activities, credentialing, and research.
- **OTHER USES AND DISCLOSURES** – As part of treatment, payment and operations we may also use or disclose your PHI to provide appointment reminders, to inform you of treatment options, and to inform you of health-related benefits or services which may interest you.
- **USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS** – If requested to, we are permitted by law to disclose your PHI without your permission or authorization for a number of reasons, including, but not limited to: law enforcement activities, public health and safety concerns, requests by U.S. or foreign armed forces, national security, workers' compensation, or if you are under the custody of a law enforcement official or you are an inmate. Other uses and disclosures of your PHI not permitted or required by law will be made only with your written authorization.

Your Rights Regarding Your PHI

Except as otherwise provided by law, you have the right to:

- Receive a paper copy of this Notice of Privacy Practices. In certain circumstances, and with your permission, we may provide the copy to you electronically.
- Request, in writing, that this practice communicate with you about your health and related issues in a particular manner or location. The law dictates that we accommodate reasonable requests.
- Request, in writing, that this practice restrict our use or disclosure of your PHI for treatment, payment or health care operations. Your written request must describe in a clear and concise fashion the information you wish restricted and how you wish it to be restricted. We are not required to agree to your request.
- Request to inspect and/or receive a copy of your PHI, including medical records and billing records, but not including psychotherapy notes. Your request must be submitted in writing, and this practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. This practice may deny your request to inspect and/or copy in certain limited circumstances. However, you may request a review of our denial. Another licensed health care professional chosen by us, will conduct the review.
- Request that we amend your PHI if you believe it is incorrect or incomplete. Your written request must describe in a clear and concise fashion all information which supports your request for amendment. We may deny your request if you fail to submit it in writing, or if the request asks us to amend information which this practice feels is accurate and complete. We are not obligated to amend information which was not created by this practice or information which falls outside of the PHI category.
- Receive a list of certain non-routine disclosures our practice has made for purposes other than treatment, payment or healthcare operations. Requests for lists of non-routine disclosures must be made in writing.
- File a complaint if you believe your privacy rights have been violated. You may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints to this office must be filed in writing.
- Provide an authorization for other uses and disclosures. This practice will obtain your written authorization for uses and disclosures which are not identified by this Notice, or are permitted by applicable law.

Our contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Complaints and/or information regarding matters covered by this Notice can be requested by contacting Scott Grandjean at 214-327-3333. Requests in writing should be sent to:

Richard L. Grandjean, M.D., P.A.
997 Raintree Circle, Suite 180 (Lock Box 8)
Allen, Texas 75013-4949
Attn: Privacy Officer

The effective date of this notice is 14 April 2003.