

## 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 notice takes effect as of May 1, 2012 and remains in effect until we replace it.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes our organization's practices and that of:

- Any health care professional authorized to enter information into your medical record..
- All employees, staff and other personnel, including physicians, psychologists, and therapists who are independent contractors.
- PCA, Professional Claims Administrators, also follow the terms of this notice and may share payment or health care operation purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

\*Medical information includes all confidential health information: medical, mental health and substance abuse.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we may use and disclose medical information without obtaining your authorization in advance. For each category of uses or disclosures we will explain what we mean and try to give an example. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Routine Uses

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians or other personnel who are involved in taking care of you. We may also share medical information about you to other health care providers to assist them in treating you.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you may be billed and payment may be collected from you or a third party. We may disclose medical information to your health plan, insurance company, HMO, or their utilization review contractor to obtain prior approval.
- **For Healthcare Operations.** We may use and disclose your medical information about you for healthcare operations. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, clinicians and other personnel for review and learning purposes
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment .
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law such as those circumstances listed below under “Public Health Risks”.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATION**

- **Contracted Pharmaceutical Services.** We may release information about you to our contracted pharmaceutical services for the purpose of filling your medication prescriptions.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - o to prevent or control disease, injury or disability;
  - o to report deaths;
  - o to report child abuse or neglect;
  - o to report reactions to medications or problems with products;
  - o to notify people of recalls of products they may be using;
  - o to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - o to notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - o In response to a court order, warrant, summons or similar process;
  - o To identify or locate a suspect, fugitive, material witness, or missing person;

- o About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- o About a death we believe may be the result of criminal conduct;
- o About criminal conduct at the facility; and
- o In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to request to inspect and copy medical information that may be used to make decisions about your care. This request must be made in writing. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. If your request is denied by the Clinical Director or Practitioner, you will receive a written explanation for the denial.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction of limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

*Jennifer C. Heath, M.D., P.A.*

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to its use will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

Dr. Jennifer C. Heath, M.D., P.A.  
6410 Southwest Blvd, Ste. 101  
Benbrook, TX 76109  
Phone (817) 735-1888 Fax (817) 735-4122