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HIPAA

NOTICE OF PRIVACY PRACTICES *Effective July1, 2009*

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.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that we may use and disclose health information about you. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called "Protected Health Information" (PHI). This notice describes your rights and our obligations regarding the use and disclosure of PHI. **We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you.**

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Treatment: Disclosures of your PHI may be made to other health care providers for purposes related to your treatment.

Payment: We may use and disclose PHI so that we can bill, collect and remit premiums and eligibility information to your designated health benefit carrier. We may use and disclose PHI when you apply for any insurance coverage that requires you to provide a medical history, disability, retirement, health benefit enrollment, health grievance panel.

Health Care Operations: We may use and disclose your PHI in performing business operations that are called health care operations.

III. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.

Required By Law or Public Health Activities: We may use and disclose PHI as required by federal, state or local law. Any disclosure must comply with the law and is limited to the requirements of the law.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA

D. **Other** uses and Disclosures of Protected Health Information Require your written authorization.

IV. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and health care operations. To request restrictions, you must make your request in writing to our Privacy Official. **Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. We are required to accommodate *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your insurance and billing records but does not include information gathered or prepared for a civil, criminal, or administrative proceeding. To inspect and copy PHI contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used to meet your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an accounting of certain disclosures that we made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *except for disclosures made:*

For treatment, payment, and health care operations;

To family members or friends involved in your care or to you directly.

Pursuant to an authorization of you and your personal representative or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or

If you wish to make such a request, please contact our Privacy Official, who is identified below. **Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, contact the Privacy Official.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Office for Civil Rights, United States Dept. of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. To file a complaint with us, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

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