



HIPAA Privacy Notice

Effective August 1, 2010

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.

Overview

Our office uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is physical property of our practice.

The law requires us to maintain the privacy of your protected health information (PHI) in accordance with this Notice of Privacy Practices (Notice), as long as this Notice remains in effect. We are also required to provide you with a copy of this Notice, which contains our privacy practices, our legal duties, and your rights concerning your PHI.

From time to time, we may revise our privacy practices and the terms of our Notice at anytime, as permitted or required by applicable law. We reserve the right to apply a change in our policy to previously received PHI. We will promptly revise and distribute our Notice whenever there is material change to the uses of disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We will mail a copy of the revised Notice to the address on record.

Our Privacy Practices

Use and Disclosure: We may use or disclose your PHI for treatment, payment or health care operations. For your convenience we have provided the following examples of such potential uses or disclosures.

Treatment: Your PHI may be used to provide you with medical treatment for services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health care services to you, will be recorded in your personal record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive.

Payment: Your PHI may be used or disclosed in order to collect payment for the medical services provided to you. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

Health Care Operations: Your PHI may be used or disclosed as part of our internal health care operations. Our operations may include quality of care audits of our staff and affiliates, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Authorizations: We will not use or disclose your medical information for any reason except those described in this Notice, unless you provide us with a written authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization forms may be revoked by you in writing at any time, but such revocation will not affect any prior authorized use or disclosures.

Patient Access: We will provide you with access to your PHI, as described below in the Individual Rights sections of this Notice. With your permission, or in some emergencies, we may disclose your PHI to your family members, friends or other people to aid in your treatment or the collection of payment. A disclosure of your PHI may also be made if we determine it is reasonably necessary or in the best interest for such purposes as allowing a person acting on your behalf to receive filled prescriptions, medical supplies, x-rays, etc.

Locating Responsible Parties: Your PHI may be disclosed in order to locate, identify or notify a family member, your personal representative, or the person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the extent of recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Disasters: we may use or disclose your PHI to any public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Required by Law: We may use or disclose your medical information when we are required to do so by law. For example, your PHI may be released when required by privacy laws, work-related injuries or illness, public health law, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations or legal processes. Under certain circumstances, we may make limited disclosures of PHI directly to law enforcement officials or correctional institutions regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing person, or a victim or suspected victim of abuse, neglect, domestic violence or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose your PHI when necessary to assist law enforcement officials to capture a third party who had admitted to a crime against you or who has escaped from lawful custody.

Deceased Persons: After your death we may disclose your PHI to a coroner, medical examiner, funeral director or organ procurement organization in limited circumstances.

Research: Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as the use that has been approved by an institutional review board that has established procedures for protecting the privacy of your PHI.

Military and Nation Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. When required by law we may disclose your PHI for intelligence, counterintelligence and other national security activities.

Appointments: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.

Access and Copies: In most cases you have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described in the following sections above: use and Disclosures, patient access and locating responsible parties. For each 12-month period, you have the right to receive a free copy of an accounting of certain details surrounding such disclosures that occurred after April 12, 2003. If you request a disclosure accounting more than

once in a 12-month period, we will charge you a reasonable, cost-based fee for each additional request. Please contact our Privacy Officer regarding these fees.

Additional Restrictions: You have the right to request that we place additional restrictions of our use or disclosure of your PHI, but we are not required to honor such a request. We will be bound by such restriction only if we agree to do it in writing signed by our Privacy Officer.

Alternate Communications: You have the right to request that we communicate with you about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or locations and provides a satisfactory explanation of how future payments will be handled.

Copy of Notice of Privacy Practices: Should you obtain a copy of this Notice electronically, you may request a paper copy of this Notice. Please contact our privacy officer and a copy will be made available to you at no cost.

Our Obligations:

We are required to:

- Maintain the privacy of protected health information
- Provide you with this Notice of our legal duties and privacy practice with respect to your health information
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- Accommodate reasonable request you make to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Complaints: If you believe we have violated your privacy rights, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer.

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Us:

If you have any questions or complaints please contact:

Dr. Audrey Stansbury
2300 Highland Village Road, Suite 470
Highland Village, Tx 75077
972.966.1163