

## NOTICE OF PRIVACY PRACTICES

*(Effective: June 18, 2019)*

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.

#### **Our Responsibilities.**

- We are required by law to maintain the privacy of your health care information (Protected Health Information – PHI) and to educate our personnel concerning privacy and confidentiality.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your health information except as described in this notice or if you tell us in writing that we can. You may change your mind at any time by sending us written notice. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization.
- If your health information is electronically disclosed and your written authorization is required, a separate authorization will be needed for each request.
- This notice applies to all health care records created by and received at Northwest Anesthesiology and Pain Services, PA (NWA) and tells you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.
- This notice applies to NWAP employees, contractors, students, volunteers and anyone doing business with NWAP.
- We do not create or manage a hospital directory.

**Our Uses and Disclosure.** Except as listed below, we will not use or disclose your health information without your written authorization.

**1. Typical Use and Disclosure of Your Health Information.** We usually use or share your information for treatment, payment and healthcare operations as defined in this Notice. NWAP shares information with its Affiliated Organizations which includes, but is not limited to, Advanced Revenue Management GP, LLC. This group of Affiliated Organizations may use and disclose your health information to provide treatment, payment, or health care operations for the Affiliated Organizations which include activities such as patient care, financial services, insurance, quality improvement, education and risk management.

- **Treatment.** We can use your health information and share it with other professionals who are treating you. For example, your physician may ask a pharmacist or referring physician about your current medications and/or care in order to treat you.
- **Payment.** We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
- **Health Care Operations.** We can use and share your health information to run our practice, improve your care, train future health care professionals and contact you when necessary. For example, we use health information about you to manage your treatment and provide quality healthcare services.

We may disclose your health information to our business associates who provide services to us to help us carry out our treatment, payment or health care operations. For example, we may disclose your information to a consultant who is helping us improve patient care.

**2. Other Cases We Use and Disclose Your Health Information.** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

- **Help with Public Health and Safety Issues.** We can share your health information for certain situations such as:
  - √ Preventing disease
  - √ Helping with product recalls
  - √ Reporting adverse reactions to medications
  - √ Reporting births or deaths or suspected abuse, neglect or domestic violence
  - √ Preventing or reducing a serious threat to anyone's health. This includes notifying a person who may have been exposed to, or be at risk for, contracting or spreading a disease or condition to protect the public health.
- **Conducting Research.** We can use or share your information for health research subject to a special approval process that balances your need for privacy with the proposed research. This special approval process is not required when we

allow researchers preparing a research project to look at information about patients with specific medical needs so long as the information does not leave NWAP.

- **Comply with the Law.** We will share your information if state or federal laws require it, including with the Department of Health and Human Services if it wants to verify that we are complying with federal laws.
- **Respond to Organ and Tissue Donation Requests.** We can share your health information with organ procurement organizations.
- **Medical Examiners or Funeral Directors.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' Compensation, Law Enforcement, and Other Government Requests.** We can use or share your health information:
  - √ For workers' compensation or similar programs that provide benefits for work-related injuries or illness.
  - √ For law enforcement purposes.
  - √ If you are a member of the armed forces, as required by military command authorities.
  - √ With health oversight agencies for activities authorized by law.
  - √ For special government functions such as intelligence, counterintelligence, and other national security activities authorized by law and presidential and foreign dignitary protective services.
- **Inmates.** We may release health information of inmates to the correctional institution or official under specific circumstances for care and safety purposes.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for audits, investigations, inspections and licensure and other activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Respond to Lawsuits and Legal Actions.** We can share your health information in response to a court or administrative order, or in response to a subpoena or discovery request.

**3. Special Protections for Certain Information.** We will not disclose or provide any information about any substance abuse treatment, genetic information, HIV/AIDS status or mental health treatment unless you provide specific written authorization or we are otherwise required by law to disclose or provide the information.

## Your Choices

**1. Your Right and Choice to Tell Us To.** We can share your information as described below. Please tell us if you have a preference on how we share your information in these situations.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Provide you with appointment reminders

If you are not able to tell us your preference, for example, you are unconscious we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**2. Other Limited Situations**

- **Treatment Alternative.** We may use and disclose your information to give you information about treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, educational programs, or services that may be of interest to you.

**3. Cases Where We Never Share Your Information Unless You Give Us Written Authorization**

- Marketing purposes
- Sale of your health information

**Your Rights.** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an Electronic or Paper Copy of Your Medical Record.**

√ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may deny your request in certain limited circumstances; in such cases, we will notify you in writing and you may request that the denial be reviewed. Ask us how to do this.

√ We will provide a copy or a summary of your health information within 15 days of your request, provided all conditions related to release of records are met. We may charge a reasonable fee.

**Ask Us to Amend Your Medical Record.**

√ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how.

√ If we agree with the request, we will make the correction and give it to those who need it and those you ask us to give it to. If we say “no” to your request we will tell you why in writing within 60 days.

**Request Confidential Communications.**

√ You can ask us to contact you in a specific way, such as calling your home or office phone, or sending mail to a different address. We will say “yes” to all reasonable requests.

**Ask Us to Limit What We Share or Use**

√ You can ask us not to use or share certain health information for treatment, payment or our operations. We can say “no” to your request. If we do agree, we will comply unless the information is needed to provide emergency treatment.

√ If you pay us for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a List of Those With Whom We Have Shared Your Information**

√ You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask for it. This list will include whom we shared it with and why.

√ The first list you request within a twelve (12) month period is free, but we will charge a reasonable, cost-based fee if you ask for another list within twelve (12) months. You may choose to cancel your request before any costs are incurred.

**Get a Copy of This Privacy Notice.** You can ask for a copy of this Notice at any time, even if you have agreed to receive the notice electronically.

**Choose Someone to Act for You.**

√ If you have given someone medical power of attorney or if someone is your legal guardian with authority under state law, that person can exercise your rights and make choices about your health information when you are not capable of doing so.

√ We will make sure the person has this authority and can act for you before we take any action.

**File a Complaint if You Feel Your Rights are Violated.** You can file a complaint if you feel we have violated your privacy rights by contacting:

Northwest Anesthesiology and Pain Services, PA  
Office of General Counsel  
311 Holderrith Blvd.  
Tomball, Texas 77375  
[privacycompliance@nwapservices.com](mailto:privacycompliance@nwapservices.com)

200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
1.877.696.6775  
or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our offices.

Thank you for choosing Northwest Anesthesiology and Pain, Services, PA

Non-Discrimination Statement. NWAP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I acknowledge that Northwest Anesthesiology and Pain Services, PA, provided me with a written copy of their Notice of Privacy Practices. I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

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Print Patient Name

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Patient DOB

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Patient Signature

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Date Signed