

Please take a moment to familiarize yourself with our policies and procedures prior to your first appointment.

HOURS OF OPERATION

Although appointment times vary, office staff are available by telephone Monday through Friday from 8:00 am to 4:30 pm. When you call the clinic during business hours please keep in mind that staff are answering phones as well as attending to the needs of patients in the office. Should you reach the voicemail system, please leave a detailed message. Messages left on the voicemail prior to 3:00 pm will be returned by the end of the day. Messages left after 3 pm may not be returned until the next business day. If you are experiencing an emergency please dial 911. If you have an urgent need and require assistance from the physicians, the voicemail will direct you to leave a message for the physician. The voicemail system will page the physician and you will receive a return call within an hour. Pages for the physician should NOT be used for appointment requests, refill requests, or for non-urgent issues.

The office is closed on weekends and all major holidays.

APPOINTMENTS

Office hours are by appointment only. Patients or referring physicians may schedule appointments by calling (214) 382-3200. **All patients must bring a current photo id, insurance cards (if any), and an updated medication list to every visit.** Please arrive 15 minutes prior to your appointment to allow for check-in. Please be on time so that you will be able to keep your appointment. Late arrival may result in the cancellation or rescheduling of your appointment.

You will receive a reminder call the day before your appointment. If you need to change or cancel your appointment, please notify the office with at least 24 hours notice. If you are scheduled for a procedure, 48 hours cancellation notice is required. We reserve your appointment time for you only. No-shows, last minute cancellations, or late arrivals may result in a \$50 cancellation fee assessed to your account. In order to protect the rights of other patients who are waiting to be scheduled, you may be asked to find another medical provider if you have two consecutive missed or cancelled appointments.

INSURANCE & PAYMENT FOR SERVICES

We will submit your insurance claims on your behalf. Please notify us immediately if there are any changes in your coverage, employer, or insurance company.

We ask that you make yourself familiar with your insurance plan coverage prior to your visit so that you are prepared for any payments that will be your responsibility. **Co-pays, deductibles, coinsurances, and any non-covered service amounts are due at the time of service. Cash pay patients will be responsible for the visit charge in full at the time of service.** If we are unable to verify your insurance coverage before your appointment, you may either reschedule your appointment or be held responsible for all fees accrued on that date of service. Any claims not paid by your insurance company within 45 days will become patient responsibility.

Office staff will do their best to complete prior authorizations and pre-certifications on your behalf if your insurance or workers comp policy require it. Please be patient as these are frequently time consuming and lengthy processes. We will contact you once they are obtained.

PROCEDURE SCHEDULING

Most procedures will require an office consultation with one of the physicians prior to scheduling. If it is determined that you will need an out of office procedure, staff will assist you with coordination.

Directions and additional procedure instructions will be given to you following the scheduling of your appointment.

ROUTINE REFILL REQUESTS

Refill requests for routine medication, including those medications that have no remaining refills, should be called directly to your pharmacy. Your pharmacy will contact us for refill authorization. This policy ensures your refill is filled as quickly and accurately as possible. We recommend that you contact your pharmacy to make sure that your prescription is ready prior to pick up. Please do not contact the office for a refill request.

SCHEDULE 2 PRESCRIPTION REFILL REQUESTS

For schedule 2 substances (also known as triplicate prescriptions), you must contact our office. Schedule 2 prescriptions must be picked up in person and hand carried to the pharmacy. Please contact the office prior to your medication running out to request your new prescription. We are unable to accommodate walk-ins. If you have been approved for a prescription pickup without an appointment, you are still required to arrive in person.

It is the patient's responsibility to keep track of medication usage, and submit a refill request or schedule an appointment prior to running out of medication. The processing time for any refill request may be up to 2 business days. Triplicate prescriptions must be filled within 21 days from the date on the prescription.

PATIENT CONFIDENTIALITY & MEDICAL RECORD REQUESTS

We are committed to maintaining the privacy of your health information. If you would like a copy of your medical records please submit a request to the office staff. A reasonable administrative fee may apply. Please allow 10 business days for processing. No charge is required to fax your records directly to another physician.

FORMS & LETTERS

We are able to complete forms and write medical letters. A reasonable administrative fee may apply. Please allow 10 business days for processing.

PRIVACY PRACTICES

This page describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive.

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of another specialist. When we refer you to another specialist, we will share some or all of your medical information with that physician to facilitate the delivery of care.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve for payment.

Health Care Operations

We are permitted to use or disclose medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations.

Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse, Or Neglect, And Health Oversight

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings And Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to a legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on the premises; or
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Worker's Compensation

We may disclose your medical information as required by the Texas workers' compensation law.

Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security And Intelligence Activities, Protection Of The President

We may disclose your medical information for specialized government functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, And Funeral Directors

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating an organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

Required By Law

We may release your medical information where the disclosure is required by law.

Your Rights Under Federal Privacy Regulations

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPPA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPPA rights.

Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) What kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) To whom the limits apply. Please send the request to the office for review. You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

Receiving Confidential Communications By Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternate location. This request must be made in writing. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Requests should be submitted to the office.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes.
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.
- Is subject to the Clinical Laboratory Improvements Amendments of 1988.
- Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPPA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPPA. In any event, the lower of the fee permitted by HIPPA or the fee permitted by the TSBME will be charged.

Amendment Of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing and submitted to the office. We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

- Wasn't created by this practice or the physician here in this practice.
- Is not part of the designated record set.
- Is not available for inspection because of an appropriate denial.
- If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know we have the incorrect information.

Accounting Of Certain Disclosures

The HIPPA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the office. Our first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any cost are incurred.

Appointment Reminders, Treatment Alternatives, And Other Health Related Benefits

We may contact you by telephone, mail, email, or fax (if you provide us with these contacts) to give you with appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the office manager. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services HIPPA Complaint
7500 Security Blvd, C5-24-04 Baltimore, MD 21244

Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact the office manager.

This notice is effective on 08/06/2012.

We may change our policies and this notice at any time and those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in an area where it can be seen.