



## FREQUENTLY ASKED QUESTIONS REGARDING HIPAA

In a constantly changing healthcare environment, **AUSTIN PRIMARY CARE PHYSICIANS** is committed to educating their patients about healthcare issues that affect them. As a result, they have provided general information about the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for your review. **AUSTIN PRIMARY CARE PHYSICIANS** is complying with HIPAA regulations and will be happy to answer any additional questions you might have.

### WHAT IS THE PRIVACY RULE?

The Privacy Rule is part of the HIPAA regulation of 1996. The Privacy Rule establishes a federal requirement that doctors, hospitals or other healthcare providers and health plans obtain a patient's written consent before using or disclosing a patient's personal information to carry out treatment, payment or healthcare operations.

### WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) means any personal health information as defined by law, including demographic information collected by healthcare provider or other entity that could potentially identify the individual. PHI includes all medical records and other individually identifiable health information held or disclosed by **AUSTIN PRIMARY CARE PHYSICIANS** regardless of how it is communicated (e.g. electronically, written verbally).

### WHAT IS TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS (TPO)?

TPO refers to the treatment, payment or healthcare operations of **AUSTIN PRIMARY CARE PHYSICIANS**. In other words, **AUSTIN PRIMARY CARE PHYSICIANS** can use or disclose PHI for performing any activity that it deems necessary to provide quality patient care; ensure that the physician is paid for services; and , operate the business. Some examples of these activities are use of PHI by the physician and clinical staff to treat a patient; use of PHI by the clerical staff to verify insurance information for billing purposes or obtain referrals; and, use of PHI by administrative staff for strategic planning and internal management activities.

### WHY DO I HAVE TO SIGN A CONSENT FORM?

In order to use or disclose your PHI, **AUSTIN PRIMARY CARE PHYSICIANS** is required to obtain a signed consent form from you to directly treat you or carry out healthcare payment and business related activities. **AUSTIN PRIMARY CARE PHYSICIANS** is not required to obtain your prior consent in an emergency, when **AUSTIN PRIMARY CARE PHYSICIANS** is required by law to treat you, or when there are substantial communication barriers. **AUSTIN PRIMARY CARE PHYSICIANS** reserves the right to refuse to treat you if you do not sign the consent form.

### WHAT IS THE DIFFERENCE BETWEEN THE CONSENT AND AUTHORIZATION FORMS?

In order to use or disclose your PHI for specific purposes, other than direct treatment, payment, or healthcare operations, **AUSTIN PRIMARY CARE PHYSICIANS** is required to obtain a signed authorization form from you. For example, if you request **Austin Primary Care Physicians** to disclose PHI to a third party, you must sign an authorization form. This authorization form is more detailed than a consent form and has a specific expiration date.

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