

Arthritis and Osteoporosis Clinic of East Texas, P.A.

Notice of Privacy Practices For Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

I. Our Duty to Safeguard Your Protected Health Information:

We understand that medical information about you is personal and confidential, and we are committed to protecting that information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of this Notice, and we reserve the right to change the terms, and make any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice and make paper copies available.

II. How We May Use and Disclose Your Protected Health Information:

For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information:

For treatment: We may disclose your medical information to doctors, nurses, and other health care personnel who are involved in providing your health care. We may use your medical information to provide you with medical treatment or services. For example, your doctor may be providing treatment for a heart problem and need to make sure that you don't have any other health problems that could interfere. The doctor might use your medical history to determine what method of treatment is best for you. Your medical information might also be shared among members of your treatment team, or with your pharmacist(s).

To obtain payment: We may use and/or disclose your medical information in order to bill and collect payment for your health care services. For example, we may release portions of your medical information to Medicare and/or a private insurer to get paid for services that we delivered to you, or to obtain permission for an anticipated plan of treatment.

For health care operations: We may use and/or disclose your medical information in the course of operating our practice. For example, we may use your medical information in evaluation the quality of services provided, or disclose your medical information to our accountant or attorney for audit purposes.

We may also use and/or disclose your medical information in accordance with federal and state laws for the following purposes:

- Unless you object, we may send appointment reminders, information about treatment alternatives and other health-related benefits and services that may be of interest to you.
- We may disclose your medical information to law enforcement or other specialized government functions in response to a court order, subpoena, warrant, summons, or similar process.
- We may disclose medical information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose medical information to authorities who monitor compliance with these privacy requirements.
- We may disclose medical information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. We may also disclose medical information to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- We may disclose medical information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- In certain circumstances, we may disclose medical information to assist medical/psychiatric research.
- In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, or to help with coordination of disaster relief efforts.
- We may share with these people information directly related to your family's, friend's, or other person's involvement in your care, or payment of your care. We may also share medical information with these people to notify them about your location, general condition, or death.
- We may disclose your medical information as authorized by law relating to worker's compensation or similar programs.
- We may disclose your medical information in the course of certain judicial or administrative proceedings.

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided you.

III. Your Rights Regarding Your Medical Information:

You have the following rights relating to your protected health information:

- You have the right to ask that we limit how we use or disclose your medical information. We will consider your request, but are not legally bound to agree to the restriction. You have the right to ask that we send you information at an alternative address or by an alternative means. We will agree to your request as long as it is reasonably easy for us to do so.
- Unless your access is restricted for clear and documented treatment reasons, you have a right to inspect and copy your protected health information if you put your request in writing. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your medical information there would be a charge for copying.
- If you believe that there is a mistake or missing information in our record of your medical information, you may request, in writing, that we correct or add to the record. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your medical information. If we approve the request for amendment, we will change the medical information and inform you of such.
- You have the right to an accounting of the disclosures of your medical information, other than instances of disclosure for which you gave consent. Your request can relate to disclosures for which you gave consent. Your request can relate to disclosures going as far back as six years. There may be a charge for more than one such list each year.
- You have the right to request a copy of this Notice.

IV. How to Make a Complaint regarding our Privacy Practices:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, you may file a complaint with the person listed in Section V. below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints. If you have any questions about this Notice or any complaints about our privacy practices, you may also contact the HIPAA Compliance Officer at our clinic.

V. Advance Notification of Authorization to Release Protected Health Information:

You may authorize us, in advance, to release your protected health information to a family member, friend, physician, or other contact person. Anyone you designate below will have access your information, effective from the date this document is signed by you, until you revoke your authorization in writing to our office.

Name of Authorized Person	Relationship
Name of Authorized Person	Relationship
Name of Authorized Person	Relationship

VI. Effective Date:

This notice was effective on January 1, 2004.

I acknowledge that I have read and understood this Notice of Privacy Practices, have been given an opportunity to ask questions, and have been offered a copy of this document.

PRINTED NAME of Individual (or Personal Representative):

Relationship (if Personal Representative):

SIGNATURE of Individual (or Personal Representative):

Date:
