

Stephen A. Schulman MD.
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Notice of Privacy Practices

Acknowledgement of Review

I have reviewed the Notice of Privacy Practices for Stephen A. Schulman, M.D. This notice of privacy practices explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient (Or Legal Guardian)

Date

Printed Name of Patient (Or Legal Guardian)

Stephen A. Schulman M.D.
2501 Scripture Street, Suite 100
Denton, TX. 76201

NOTICE OF PRIVACY PRACTICES

Effective Date: 1/1/2012

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

1. Purpose: **Stephen A. Schulman., M.D** (known as the “practice”) follows the privacy practices described in this Notice. The practice is required by law to maintain the privacy of your health information, whether in paper or electronic records, and to protect the integrity, confidentiality, and availability of your health information when it is collected, maintained, used, or transmitted by the Practice. However, the Practice must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the Practice may share your medical information as necessary for treatment, payment and health care operations.

2. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers included in your care. For example, Dr. Schulman may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. The Practice may use or disclose your medical information as required by your insurer or HMO to obtain payment for your treatment. We also may use and disclose your medical information to improve the quality of care, for example, for review and training purposes.

3. How Will the Practice Use My Medical Information? Your medical information may be used or disclosed, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- For treatment, payment, and health care operations activities, as discussed above.
- To family members or close friends involved in your care or payment for your treatment.
- To provide appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health that may be of interest to you.
- As required by law.
- For public health activities, including disease prevention, injury or disability; reporting deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required or authorized by law).
- For health oversight activities, for example, audits, inspections, investigations, and licensure.
- In conjunction with lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- For law enforcement purposes.
- To coroners, medical examiners, and funeral directors.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- For national security and intelligence activities.

☒ For purposes related to the protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.

☒ To Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)

☒ To business associates who carry out treatment, payment, and health care operations on the Practice's behalf.

4. Your Authorization Is Required for Other Disclosures. Except as described, we will not use or disclose your medical information unless you authorize (permit) the Practice in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

5. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by the Practice:

☒ **Right to request restriction.** You may request limitations on our use or disclosure of your medical information for care treatment, payment, or health care operations (for example, you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

☒ **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.

☒ **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; in some cases, you may request review of the denial by another licensed health care professional chosen by the Practice. The Practice will comply with the outcome of the review.

☒ **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Practice, which requires certain specific information. The Practice is not required to accept the amendment.

☒ **Right to accounting of disclosures.** You may request a list of certain disclosures of your medical information that have been made to persons or entities in the past six (6) years, but not prior to April 14, 2003 (such list will not include disclosures made pursuant to an authorization or for treatment, payment, and health care operations). After the first such request, there may be a charge for providing such an accounting.

☒ **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have already been provided with a copy.

6. **Requirements Regarding This Notice.** The practice is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. The Practice may, however, change this Notice at any time, and such changes will be effective for medical information we currently have about you, as well as any information we receive in the future. At the beginning of each year (for established patients; for new patients you will be provided a copy on your first visit and each subsequent calendar year) you will be provided a copy of the Notice in effect at the time.

7. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to the Practice or the Department of Health and Human Services.

For further information regarding PHI, if you have a complaint, or if you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations, or you wish to obtain a form to exercise your individual rights described in paragraph 5, please contact our practice Custodian of Medical Records.