

Notice of Privacy Practices for Austin Adult Primary Care

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.

This 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 that you receive. 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. This notice is effective 9/1/2010.

This notice describes our privacy practices. We may change our policies and this notice at any time and have 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 the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time.

A. Treatment, Payment, Health Care Operations

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 a specialist. When we refer you to that physician, 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 we provide to you. For example, we may complete a claim form that will contain medical information, such as a description of the medical services provided to you, to obtain payment from you insurer or HMO.

Health Care Operations: We are permitted to use or disclose your medical information for the purpose 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 and the law.

B. Disclosures That Can Be Made Without Your Authorization: There are situations in which we are permitted 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 that rely on that authorization.

- We may disclose your medical information for public health activities. Public health activities are mandated by the government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed or may be at risk for contracting or spreading disease. 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.
- HIPAA privacy regulations permit the disclosure of information relating to victims of abuse, neglect or domestic violence.
- 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 law.
- We may release your medical information when the disclosure is required by law.
- We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court or other appropriate legal process.
- We may disclose your medical information to police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
- We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.
- We may release your medical information to a correctional institution or law enforcement official if you are an inmate or under the custody of law enforcement, in order to provide you with medical care.
- We may disclose your medical information for specialized government functions such as discharge from military service, authorized national security and intelligence activities, protective services for the President, other government officials, or foreign heads of state.
- When a research project and its privacy protections have been approved by an institutional review board, we may release medical information to researchers for research purposes.
- We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor.
- We may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death.
- Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

C. Your Rights Under Federal Law

The U.S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise.

Requested Restrictions:

- You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care 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.
- You may also request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care.
- 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 address and person listed at the end of this document.

Receiving Confidential Communications by Alternative Means: We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and the contact and address information.

Inspection and Copies of Protected Health Information: You may inspect and/or copy health information that is within your medical record 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. Please send your request to the person listed at the end of this document.

There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of your denial.

Texas law requires us to be ready to provide copies within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. HIPAA permits us to charge a reasonable cost-based fee for copying your chart.

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 to the person listed at the end of this document and must explain your reason for the amendment. We will respond within 60 days of your request. We may deny your request for the following reasons: the information was not created by this practice or the physicians in this practice, the information is not part of the records used to make decisions about you, the information is not available for inspection because of an appropriate denial, or the information is accurate and complete.

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

Accounting of Certain Disclosures: HIPAA privacy regulations require us to provide at your request, 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 and accounting to the person at the end of this document. If you request a list of disclosures more than once in 12 months, we are allowed to charge a reasonable fee.

Complaints: If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

Questions and Contact Person for Requests: If you have any questions regarding the privacy notice, any complaints or concerns regarding this practice or any requests (pursuant to the rights described above) please contact:

Austin Adult Primary Care
PO BOX 170999
Austin, TX 7871
(512) 222-0000 (512) 222-0019 (fax)