

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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 Notice describes how we safeguard your Protected Health Information (PHI) to make sure only the minimum amount of information is used and disclosed to individuals with a legal right to access or view your PHI. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We will ask you to sign a form acknowledging the receipt of this Notice.

Uses and Disclosures of Protected Health Information

We will always make reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary. Listed below are examples of the uses and disclosures we may make of your PHI. We will always review non-routine requests for the use or disclosure of your PHI on an individual basis.

Treatment, Payment, or Health Care Operations

- **What is Treatment Related?** We may use and disclose your PHI for use by staff, physicians, or other health care professionals involved in your care who may provide you with treatment, evaluation, diagnostic, and other health care services. Examples may include but are not limited to: other physicians who are treating you, home health care services, pharmacies, laboratories, radiologists, specialists, or diagnostic facilities required for your treatment.
- **What is Payment Related?** Your PHI will be used, as needed, to obtain payment for your health care services you receive. Examples may include but are not limited to: providing health care plans or insurance companies with information about the date of service, services provided, and the medical condition you are being treated for in order for them to make a decision regarding eligibility, coverage, or payment for those services received by you.
- **What is Health Care Operations?** We may use or disclose, as needed, your PHI in order to conduct the normal, ordinary, and reasonable business operations of our office on a day-to-day basis, which 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.

Appointment Reminders and Other Health-related Benefits

- **Appointment Reminders:** Our practice may use or disclose your PHI to contact you by phone, voice mail message or in person to remind you of scheduled appointments with our office. We may also mail appointment reminder postcards to the designated address filled out by you.
- **Other Health-related Benefits:** Our practice may use or disclose your PHI to contact you by phone, voice mail message or in person to reference clinical care including laboratory results of a non-urgent nature or routine. Our practice may use or disclose your PHI for other services benefiting you such as immunization records may be faxed, at your request, verbal or written to other facilities or entities designated by you. For example, you may request by phone that your child's immunization record be faxed to the school nurse, daycare or other facility.

Disclosures That Can Be Made Without Your Authorization

There are unique situations in which we are permitted by law to use or disclose your PHI without your authorization.

Public Health, Abuse or Neglect, and Health Oversight

We may disclose your PHI 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 PHI, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may also disclose PHI to report reactions to medications or immunizations, problems with products, or to notify people of recalls of products they may be using.

We may also disclose PHI 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 PHI to report abuse or neglect of elders or the disabled.

We may disclose your PHI 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 health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

We may disclose your PHI 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 PHI under limited circumstances provided that the information:

- Is released pursuant to 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 these 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.

Military and National Security

Our practice may disclose your PHI if you are a member of U.S. or foreign military forces and if required by the appropriate authorities. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law, including federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Required by Law

We may release your PHI 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 (HIPAA). Those regulations create several privileges that patients may exercise.

Requested Restrictions

You may request that we restrict or limit how your PHI 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 or if State Law prevails over your request.

To request a restriction you must describe in a clear and concise fashion in writing the following information: (a) the information to be restricted, (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom the limits apply. Please send the request to the address of the Privacy Officer listed on the last page.

Confidential Communications

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

Inspection and Copies of Protected Health Information

You may inspect and/or obtain a copy of your PHI 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. Please send your request to the Privacy Officer.

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.

HIPAA 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 HIPAA. In any event, the Lower of the fee permitted by HIPAA or the fee permitted by the TSBME will be charged.

Amendment of Medical Information

You may request an amendment be added to your PHI in the designated record set. Any such request must be made in writing to the Privacy Officer. We will respond within 60 days of your request. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect or copy; or (d) not created by our practice or the physicians here in this practice.

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 the amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be added to the medical record; the amendment will not replace information already contained within the record.

Accounting of Certain Disclosures

The HIPAA 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 Privacy Officer. All requests for an accounting of disclosures must state a time period, which may not be longer than six years from the date of disclosure and may not include dates prior to April 14, 2003. The first list you request within a twelve-month period is free of charge, but our practice may charge you for additional lists within the same twelve-month period.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the Privacy Officer listed below. Complaints should be submitted in writing and include the name of this office and a description of the acts or omissions believed to be in violation of the patient's privacy rights. You may also send a written complaint to the United States Department of Health and Human Services.

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.

Privacy Officer

Karen Bjerke @ West Plano Pediatrics, P.A. 6300 W. Parker Road, Suite 426 Plano, Texas 75093, Ph. 972-608-0774

This notice is effective on the following date: **April 14, 2003.**

The terms of this notice apply to all records containing your Protected Health Information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.