

**NOTICE OF PRIVACY PRACTICES**

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

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**OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also 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 IIHI.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI.

The terms of this notice apply to all records containing your IIHI 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 offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

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**Uses and disclosures of Health Information**

**The following categories describe the different ways in which we may use and disclose your IIHI. We do not need any type of authorization from you for the following uses and disclosures:**

**Treatment:** We may use or disclose your IIHI to a physician or other healthcare provider treatment to you.

**Payment:** We may use and disclose your IIHI to obtain payment for services we provide to you.

**Health Care Operations:** We may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

**Appointment Reminders:** We may use and disclose your IIHI to contact you and remind you of an appointment.

**Treatment Options:** We may use and disclose your IIHI to inform you of potential treatment options or alternatives. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

**Release of Information to Family/Friends:** We may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take a child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

Disclosures Required by Law: We will use and disclose your IIHI when we are required to do so by federal, state or local law.

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**USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

**The following categories describe unique scenarios in which we may use or disclose your IIHI:**

**Public Health Risks:** We may disclose your IIHI to public health authorities that are authorized by law to collect such information.

**Serious Threats to Health or Safety:** We may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Research:** We may use and disclose your IIHI for research purposes unless an Internal Review Board or Privacy Board has determined that your authorization is required.

Workers' Compensation: We may release your IIHI for workers' compensation and similar programs.

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**YOUR RIGHTS REGARDING YOUR IIHI**

**You have the following rights regarding the IIHI that we maintain about you:**

**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. Our practice will accommodate reasonable requests.

**Restrictions:** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. We are not required to agree to your request, however, if we do agree, we will abide by our agreement (except in an emergency).

**Inspection and Copies:** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records.

Under limited circumstances, we may deny you access to a portion of your records. Requests must be made in writing. If you request copies, we will charge you for each page in accordance with Health and Safety Code, Chapter 241 154 (e) fees. The fee schedule is as follows: 1-10 pages...\$25.00(+), 11-60 pages...\$1.10/pg, 61-400 pages...\$.50/pg, 401+ pages...\$.30/pg. (There will be additional charges for postage if you so request).

**Amendment:** You have the right to request that we amend IIHI maintained in your medical record file or billing records for as long as the information is kept by our practice. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**Accounting of Disclosures:** You have the right to obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you for each page of the accounting statement in accordance with Health and Safety Code, Chapter 241 154(e) fees. The fee schedule is listed above.

**Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our privacy officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the purposes described in the authorization. Please note, we are required to retain records of your care.

You may contact the Privacy Officer:

Candace Fendley  
13611 Skinner Rd., Suite 240  
Cypress, TX 77429  
P: (281) 256-8212  
F: (281) 256-8213