



## NOTICE OF PRIVACY PRACTICES

**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.**

### **WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI,” and it includes information that can be used to identify you that we’ve created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this healthcare. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our office. You may also request a copy of this notice.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

#### **A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

We may use and disclose your PHI without your consent for the following reasons:

1. **For Treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with healthcare services or are involved in your care.
2. **To Obtain Payment For Treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.
3. **For Health Care Operations.** We may disclose your PHI in order to operate this clinic. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of health professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we’re complying with the laws that affect us.

#### **B. Certain Uses and Disclosures Do Not Require Your Authorization.**

We may use and disclose your PHI without your consent for the following reasons:

1. **When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.**
2. **For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual’s death.

3. **For health oversight activities.** For example, we will provide information for them to assist the government when it conducts an investigation or inspection of a health care provider organization.
  4. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
  5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
  6. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
  7. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
- C. **Use and Disclosure Where You Have the Opportunity to Object.**  
**Disclosure to family, friends, or others:** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- D. **All other Uses and Disclosures Require Your Written Authorization.** In any other situation, not described in sections A, B, and C, we will ask for your written authorization before using or disclosing any of your PHI. You can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on that authorization).

#### **What Rights You Have Regarding Your PHI**

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The Right to Choose How We Send your PHI to You.** You have the right to ask that we send information to you to at an alternate address or by alternate means. We must agree to your request so long as we can easily provide it to you.
- C. **The Right to See and Get Copies of Your PHI.** In most cases you have the right to look at or get copies of your PHI that we have. If we don't have the PHI, but know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reason for doing so and explain your right to have that denial reviewed. If you request copies of your PHI, we may charge you a fee for the cost of copying, mailing or other costs incurred by us in complying with your request.
- D. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or on or before April 14, 2003.

The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure.

- E. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information. You must provide your request and the reason in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (I) correct and complete, (II) not created by us, (III) not allowed to be disclosed, or (IV) not part of our records. Our written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change.
- F. **The Right to Get This Notice by Email.** You have the right to get a copy of this notice by email. You also have the right to request a paper copy of this notice.

#### **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of The U.S. Dept. of Health and Human Services, 200 Independence Ave, S.W., Washington, DC, 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint, please send your correspondence either by mail to the Privacy Officer at Conroe Family Doctor PLLC, 1020 Riverwood Ct, Suite 100, Conroe, TX 77304; or by fax at 936-494-4012.

## ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have received and reviewed Conroe Family Doctor PLLC's Notice of Private Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

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Signature of Patient, Legal Guardian or Personal Representative

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Printed name of Patient, Legal Guardian or Personal Representative

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Date

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*(If signed by anyone other than patient)* Patient Name

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Relation to Patient