

HIPAA NOTICE OF PRIVACY PRACTICES

Diagnostic Clinic of Houston, P.A.

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact the Compliance Officer at (713) 797-9191.

This notice describes Diagnostic Clinic of Houston, P.A.'s (DCH) privacy practices. In addition, departments may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that your health information is personal. We are committed to protecting your health information or otherwise referred to as Protected Health Information (PHI). We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to your health information, and describe certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practice with respect to PHI
- follow the terms of the notice that is currently in effect.

USE AND DISCLOSURES OF PHI

The following categories describe different ways that we use and disclose health information with a description of each. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your PHI to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us for services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine your benefits and coverage.

For Health Care Operations: We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove personal identifiers to protect your identification.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

Research. Some physicians at DCH conduct research in clinical trials. In order to provide information to you on

available experimental treatments, they may review your PHI to see if you are eligible for certain research studies. We believe this option is consistent with our treatment and your care. Only DCH physicians may review your PHI and no information will be given to others outside DCH without your written authorization.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans. If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information about you for public health activities.

These activities generally include the following:

- to prevent or control disease, injury or disability
- to report births and deaths
- to report child abuse or neglect
- to report reactions to medications
- to notify people of recalls of products
- to notify a person or organization required to receive information on FDA-regulated products
- to notify a person who may have been exposed to a disease or at risk for contracting a disease
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure for the purpose of monitoring the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- in reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime
- in response to a court order, subpoena, warrant, summons or similar process
- to identify or locate a suspect, fugitive, material witness, or missing person
- in criminal cases and investigations

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death or to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official for: (1) the institution to provide you with health care (2) to protect health and safety of you or others; or (3) for the safety and security of the correctional institution.

PATIENT RIGHTS REGARDING PHI

You have the following rights regarding your PHI:

Right to Inspect and Copy: You have the right to inspect and receive a copy your PHI. Usually, this includes health and billing records. To request a copy of your PHI, contact the Medical Records supervisor and complete a *Release of Information Authorization Form*. We may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you have the right to request an amendment. To request an amendment, contact the Medical Records supervisor and complete a *Form to Request an Amendment*. It must be contained on one page of paper legibly handwritten or typed in at

least 10 point font size. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us
- is not part of the health information kept by or for DCH
- is not part of the information which you would be permitted to inspect and copy
- is accurate and complete

Right to an Accounting of Disclosures. You have the right to request a list for any disclosures of your health information we have made, except for: uses and disclosures for treatment, payment, and health care operations; to the patient; pursuant to an authorization; person's involved in patient's care or government officials. To request this list of disclosures, contact the Medical Records supervisor and complete *An Accounting of Disclosures Form*. Your request must state a time period which may not be longer than seven years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. Additional requests will be charged a fee.

Right to Request Restrictions. You have the right to request a restriction or limitation on PHI that we use or disclose for treatment, payment, or health care operations. For example, you could ask that we restrict a specified nurse from use of your information, or that we not disclose information to your spouse about a procedure. ***We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you or in emergency situations.*** To request a restriction, contact the Medical Records supervisor and complete a *Form to Request Restrictions*.

Right to Request Confidential Communications. You have the right to request that special communications with you about your PHI. For example, you can ask that we only contact you at work or by a mailing address. To request confidential communications, you must make your request in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted and all reasonable requests will be accommodate. You may also obtain a copy of this notice either at the Clinic or from our website, www.diagnosticclinic.com, or by requesting a copy of this notice be sent through electronic mail to information@diagnosticclinic.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and post a copy of the current notice in our facility and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Administrator
Diagnostic Clinic of Houston, PA
6448 Fannin
Houston, TX 77030

Office of Civil Rights
200 Independence Avenue, S.W.
Humphrey Building, Room 509F
Washington, D.C. 20201

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you are not able to sign, a representative or a staff member will sign their name & date. This acknowledgement will be filed with your records.

Patient Chart Number: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Diagnostic Clinic of Houston, P.A.
(patient name)

Patient Signature X _____ Date: _____

In lieu of patient signature, I, _____, a (patient representative/staff member of DCH) state that _____ has been given our current Notice of Privacy Practices.
(patient representative OR staff)
(patient name)

Signature X _____ Date: _____

If patient refuses to sign, please state the reason(s) below.
