



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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 office is permitted by federal privacy laws to make uses and disclosures of your health information for the purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examinations, test results, diagnoses, treatment and requesting authorization for future treatment. It also includes billing documents for those services. The privacy rule generally requires that the minimum amount of information necessary to fulfill the request be released.

Examples of Disclosure/Uses of Your Protected Health Care Information

Treatment Purposes

During the course of your treatment, the physician may determine that he/she needs to consult with another physician or specialist. He/she will share information with the consulting physician and obtain his/her input.

Payment Purposes

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide only the information needed to process the claim.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location and about general condition, or your death.

Disaster Relief

We may use and disclose your protected health information to assist in disaster relief efforts.

Food and Drug Administration

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people or recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse and Neglect

We may disclose your protected health information to public authorities as allowed by law to report abuse and neglect.

Employers

We may release health information about you to your employer if we provide health care services at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosure to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

If you are an inmate of a correctional institution we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for the law enforcement purposes as required by law, such as when required by a court order or in cases involving felony prosecution, or the extent an individual is in the custody or law enforcement.

Judicial/Administrative Proceeding

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Government Functions

We may disclose your protected health information for specialized government functions, as authorized by law, such as the Armed Forces personnel for national security purposes, or to public assistance program personnel.

Other Uses

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as provided in this Notice under “Your Health Information Rights.”

Your Health Information Rights

The health and billing records we maintain are the physical property of the office and provider of service. The information in it however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the written request to our office;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information by making a request at our office;
- Request that you be allowed to inspect your health record and billing record—you may exercise this right by delivering the written request to our office;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the office;
 - Is not part of the information that you would be permitted to inspect and copy;
 - Is accurate and complete.If your request is denied you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact Shannon Winter at 1819 8th Street, Wichita Falls, Texas 76301; phone number (940) 723-4488, in person or in writing during regular business hours. She will inform you of the steps that need to be taken to exercise your rights.