

409 NORTH SIXTH STREET • LONGVIEW, TEXAS 75601  
TELEPHONE 903-758-2746 • FAX 903-758-7127

## NOTICE OF PRIVACY PRACTICES

### PURPOSES OF NOTICE

- I. **THIS NOTICE DESCRIBES HOW THIS MEDICAL PRACTICE MIGHT USE AND DISCLOSE INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW CAREFULLY.**
- II. **Duty to Safeguard Your Protected Health Information.** Protected Health Information (PHI) is identifiable information about your past, present, or future health or condition. PHI may also be the provision of health care to you or payment for health care. Federal and State legislation requires that we extend certain protection to your PHI, and provide provision to give you access to and disclose reasons for the use of your PHI.
- III. **Acceptable Reasons and Purposes for the Disclosure of your Protect Health Information**  
This practice may use your health information for a number of reasons. For most disclosures/uses we must obtain your consent and for others we must have your written authorization.

### EFFECTIVE DATE

This notice of Privacy Practices becomes effective on April 14, 2003.

### The following gives further information and instruction to the possible uses of your health information

- **Treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI may be used to consult about the optimal drug regimen for your disease. Be advised PHI will be discussed when you are in the examination room. Individuals you choose to bring into the examination room will hear information about your health.
- **To Obtain Payment:** We may use/disclose medical information about you in order to bill and collect for payment for the health care services you received. For example, we may release portions of your PHI to Medicaid/Medicare or a private insurer to facilitate payment for the service delivered to you.
- **For Healthcare Operations:** We may disclose your PHI information in the course of operating our practice. For example, we may disclose your PHI to our accountant for audit purposes. We may also combine your health information to benchmark against other practices to ensure our practice is performing at industry standards. We may use the resources of a medical transcriptionist to type dictated information.
- **Appointment Reminders:** We may use medical information to contact you to remind you of an appointment, treatment, or we may send other similar material to your home. (Alternative treatment brochures, health related benefits and services).
- **Other Uses and Disclosures:** We may use medical information for other treatments and disclosures. This will only be done with your written authorization.

**This section will inform you of uses not required to have consent or authorization.** If you have any question about this section please ask before you submit this document.

- **When Required by Law:** We may disclose PHI when we are required by law to do so for expected abuse, neglect or domestic violence, or relating to suspected criminal activities, or in response to a court order or judicial proceedings. This would include information shared with a coroner, medical examiner, funeral director or organization of organ donation.
- **Public Health Activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public authority. This would include information to support disaster relief efforts.
- **For Research Purposes:** We may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process.
- **To Avert Threat to Health or Safety:** We may use/disclose medical information in order to prevent or avoid a serious threat to health or safety. Any disclosure would be only to persons that could potentially mitigate the health risk.
- **Workers Compensation:** We may use/disclose medical information for worker compensation or similar programs. These programs provide benefits for work related injury or illness.
- **Health Oversight:** We may use/disclose medical information for accrediting or regulatory review of our practice.

**This section describes the uses and disclosures requiring you to have an opportunity to object.** In the following examples we can use/disclose PHI if we inform you prior to the disclosure and you do not object.

- **To Families, Friends, or Others Involved in your Care:** We may use your PHI directly related to family, friends or other persons involved in your care, or your payment of care as you identify. It may also be necessary for us to use your health information to inform relatives or friends of your health status, your location, or your death. If you are not present or able to agree to these disclosures of PHI, then using our professional judgment, we may determine whether the disclosure is in your best interest. We may release to parents or guardians if allowed by law.

#### **IV. Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect your health information. This practice requires submitting a written request for review. We will respond to your request within 30 business days. If access is denied, we will send you a written explanation of the denial. For a copy of your PHI, a reasonable charge for copying may be imposed. We will provide a reasonable accommodation for your review of the record.

- **Right to Amend:** If you feel there is a mistake or oversight in any of our records of your PHI, you may request (in writing) we amend the information. This practice will respond to your request within 60 business days of receiving your request. We have the right to deny your request for the following reasons:
  - a. information is correct and complete;
  - b. information not created by this office/or not part of this office's records;
  - c. we are not permitted to disclose the information that you are requesting;
  - d. is not part of the information kept by the practice; and/or
  - e. is not part of the confidential record.
  
- **Right to Disclosed Information:** You may also request a list of when, to whom, for what purpose, and what content of your PHI has been released for a 6 year period (for dates after April 14, 2003). We will respond to your written request within 60 business days of receiving your request. We are not required to disclose releases:
  - a. to carry out treatment, payment and health care operations;
  - b. to individuals of confidential information about them;
  - c. for the practice's directory or to persons involved in the individual's care;
  - d. for national security or intelligence purposes; and/or
  - e. to correctional institutions or law enforcement officials.
  
- **Right to Receive Notice:** You have the right to receive a paper copy of this notice and/or an electronic copy by e-mail upon your request.
  
- **Right to Revoke Notice:** You have the right to revoke authorizations with notice to this office.
  
- **Right to Request Restrictions on Certain Uses & Disclosures:** You may request we restrict certain confidential information. The practice will evaluate if they can accept the restrictions. You will be informed of the decision of the practice. The practice may withhold access of information if the PHI is psychotherapy notes, information compiled in reasonable anticipation of legal action or proceeding, or confidential information related to certain laboratory tests governed by Federal Law (CLIA). The practice may also withhold access, with the right given to you for appeal in the case of:
  - a. in our professional judgment, access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
  - b. the information makes reference to another person (unless such other person is a health care provider) and the health care provider has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; and/or
  - c. the request for access is made by the individual's personal representative and the health care provider has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
  
- **Right to Receive PHI by Alternative Means or in Alternative Locations:** You have the right to request that your protected health information be provided by alternative means or at alternative locations. Any such request should be submitted to this practice in writing.

**The Practice Abides by the Terms of the Notice currently in effect. Effective Date: February 1, 2003.**

**Complaints:** If you feel that any of your privacy rights have been violated by this organization, or you disagree with a decision we made about access to your PHI, you may file a complaint with the office manager.

Longview Orthopaedic Clinic Association  
409 North Sixth Street  
Longview, Texas 75601  
903-758-2746

- Or you may file a complaint with the US Department of Health and Human Services at:

The US Department of Health and Human Services  
200 Independence Ave SW -  
Washington DC 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

- **Change:** This notice may be revised. Any new notice will be effective for all confidential information we maintain. Upon revision, the notice will be available upon request and displayed prominently in the office. You will be requested to acknowledge revisions during your next office visit.