



TEJAS HEALTH CARE

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.

The *Health Insurance Portability & Accountability Act of 1996* (“HIPAA”) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential. The HIPAA Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal and sensitive health information. This Notice of Privacy Practices complies with the requirements of the State of Texas and Federal HIPAA program.

As required by HIPAA, we are to maintain the privacy of your protected and sensitive health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We may create and distribute de-identified health information by removing all individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use and disclose your medical records without authorization only for the following purposes:

- **Treatment:** providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment:** such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities from you and/or a third party.
- **Health Care Operations:** include the business aspects of running our practice, such as conducting clinic improvement activities, employee training, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.
- **When Required To Do So By Federal, State or Local Law:** This may include the following: 1) our business associates; 2) to avert a serious threat to health or safety; 3) public health risks; 4) health oversight activities; 5) judicial and administrative procedures; 6) specific government functions; 7) research and organ donation; 8) coroners and funeral directors; and 9) communications with caregivers and relatives; 10) Inmates/Law Enforcement

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected and sensitive health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications or protected and sensitive health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected and sensitive health information. You will need to submit an *Authorization for Release of Information Form* to do so.
- The right to amend your protected and sensitive health information.
- The right to receive an accounting of disclosures of protected and sensitive health information for purposes other than treatment, payment of health care operations, as listed above.
- The right to obtain a paper copy of this *Notice of Privacy Practices*. If you would like a copy of this notice, please ask the front desk to provide you with one.

This notice is effective as of September 1st, 2012 and we are required to abide by the terms of the *Notice of Privacy Practices* currently in effect. We reserve the right to change the terms of our *Notice of Privacy Practices* and to make the new notice provisions effective for all protected and sensitive health information that we maintain. We will visibly post in our clinic, and you may request, a written copy of a revised *Notice of Privacy Practices* from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

If you have any questions or to make a request regarding the rights described above, please contact:

Compliance/Privacy Officer
753 E. Travis St. La Grange, TX 78945
979-968-6596

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257 or Toll Free: 1-877-696-6775