

# Notice of Privacy Practices

Effective Date: April 1, 2003

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.

*If you have any questions about this notice, please contact:*

Medical Clinic of Houston, L.L.P.

Attn: Privacy Officer

1701 Sunset Boulevard

Houston, TX 77005

Phone: 713-526-5511

Fax: 713-524-2256

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your care generated by the Clinic, whether made by Clinic physicians, Clinic personnel, or agents of the Clinic.

## **Our Responsibilities:**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this Notice.

## **Uses and Disclosures: How we may use and disclose Health Information about you**

The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other Clinic personnel who are involved in your health care. Different departments of the Clinic also may share health information about you in order to coordinate the different services you may need, such as lab work and x-rays.

We may also provide your other physicians or subsequent healthcare providers with copies of various reports that should assist them in treating you.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payor. For example, we may need to give your insurance company information about your visit or diagnostic tests so they will pay us or reimburse you for the treatment or services. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the Clinic's administrative team or Quality of Care Committee may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used in pursuit of continual improvement in the quality of care for all patients we serve. For example, we

may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and students for educational purposes. And we may combine health information we have with that of other Clinics or healthcare providers to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

**Other:** We may also use and disclose health information:

- To business associates with which we have contracted so they are able to perform the agreed upon services
- To remind you that you have an appointment for medical care
- To assess your satisfaction with our services
- To tell you about possible treatment alternatives
- To tell you about health-related benefits or services
- To inform funeral directors consistent with applicable law
- For population based activities relating to improving health or reducing healthcare costs
- For conducting training programs or reviewing competence of healthcare professionals
- When leaving messages on your answering machine or voice mail.

**Business Associates:**

There are some services provided in our organization through contracts with business associates. Examples include maintenance and service contracts for our x-ray equipment and laboratory analyzers, or software support for our computer and billing systems. When these services are contracted, we may have a need to disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:**

We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Future Communications:**

We may communicate to you via newsletters, mail outs, or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or new services our facility is offering.

**As required by law:**

We may also use and disclose health information for the following types of entities, including, but not limited to:

- Food and Drug Administration;
- Health Oversight Agencies;
- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability;
- Research and Organ Donation;
- Correctional Institutions;
- Funeral Directors, Coroners, and Medical Directors;

- Workers' Compensation Agents;
- National Security and Intelligence Agencies; and
- Military Command Authorities;
- Protective Services for the President and Others

**Law Enforcement/Legal Proceedings:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**State Specific Requirements:**

Texas has or may have requirements for reporting of healthcare information, including population-based activities, relating to improving health or reducing healthcare costs. Texas has separate privacy laws that may apply additional legal requirements. If the Texas law is more stringent than federal privacy laws, the Texas law may preempt the federal law.

**Your Health Information Rights:**

Although your health record is the physical property of the Clinic, you may exercise the following privileges:

**Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances such as:

- If the health information contains psychotherapy notes
- If the notes include the identity of a person who provided information if it was obtained under a promise of confidentiality
- If information has been compiled in anticipation of litigation.

If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional who was not involved in the prior decision will make such review. We will comply with the outcome of the review.

Texas law requires that we provide copies or a narrative within 15 days of your request.

**Amend:** If you feel that health information we have about you is incorrect or incomplete, you may request in writing an opportunity to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Clinic. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment, or healthcare operations where an authorization was not required. Your first accounting within a 12-month period will be provided at no cost to you.

**Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you at work instead of your home. The Clinic will grant requests for confidential communications at alternative locations or via alternative means only if the request is submitted in writing and the written request includes a mailing address where you will receive bills for services rendered by the Clinic and related correspondence regarding payment for services. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response, or if your request is unreasonable.

**A Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may print or view a copy of this Notice on the Clinic's web-site at [www.mchllp.com](http://www.mchllp.com).

To exercise any of your rights, please submit your request in writing to the Clinic Privacy Officer.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current Notice will be posted in the Clinic and will include the effective date. In addition, we will ask you for written verification that we have provided the Notice to you for your review at least once per calendar year.

### **COMPLAINTS:**

*If you believe your privacy rights have been violated, you may file a complaint with the Clinic at the address shown above. You may also file a complaint with the Secretary of the Department of Health and Human Services at:*

U.S. Department of Health and Human Services  
HIPAA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

*All complaints must be submitted in writing. You will not be penalized for filing a complaint.*

### **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 available to you 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.