

TEXAS VEIN and COSMETIC SPECIALISTS

NOTICE of PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review this carefully. If you have any questions about this Notice, please contact our Privacy Representative, Janice Anderson, at 713-461-4945.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that can identify you and that relates to your past, present, and future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by asking that a revised copy be sent to you by mail or that one be ready for you at the time of your next appointment.

How We May Use or Disclose Protected Health Information

The following are examples of uses and disclosures of your protected health care information that the physician's office is permitted to make. These are examples of the types of uses and disclosures that may be made by this office.

Treatment

- ❖ to coordinate or manage your healthcare or related services
- ❖ to another physician who may be treating you
- ❖ to a laboratory or hospital that may provide care to you at the request of your treating physician
- ❖ to suppliers that provide medical equipment for you

Payment

- ❖ to obtain payment for health care services rendered
- ❖ to obtain payment for services rendered for your healthcare services
- ❖ to obtain Pre-certification, or Pre-determination for treatment from companies requiring utilization review by your insurance company
- ❖ to obtain Prior authorization from your Primary Care Physician

Healthcare Operations

- ❖ to support and manage the daily business activities of this physician's practice
- ❖ for training medical students and residents
- ❖ to allow employee review transactions, to corroborate quality assessment transactions
- ❖ for credentialing, licensing, certification, and recertification
- ❖ we may use a sign in sheet asking you to sign your name and list your appointment time
- ❖ we may call you by name from the waiting room when the doctor is ready to see you
- ❖ to converse with third party business associates that perform various activities such as transcription services or billing companies for the practice
- ❖ to contact you by phone, e-mail, fax, or mail a reminder to you of an appointment
- ❖ to send you recall notices for appointments or surgery

Family Members

Unless you object, we may disclose to a member of your family, a close friend, or any other person, you identify, your protected health information that directly related to that person's involvements in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any person that is responsible for your care or your location, general condition or in the event of your death.

Emergency

We may use or disclose your protected health information in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures

We may also use and disclosure your protected healthcare information in the following instances as outlines below. Required uses that may be made without your consent, authorization or object to the extent that the use or disclosure is Required by Law

- ❖ for public health activities and purposes, to a public health authority that is permitted by law to collect or receive the information
- ❖ public health information for the purpose of controlling disease, injury or disability
- ❖ to a public health authority that is authorized by law to receive reports of child neglect or abuse
- ❖ we may disclose protected health information to a health oversight agency for activities by law, such as audits, investigations, and inspections.
- ❖ To the FDA to enable product recalls; to make repairs or replacements or to conduct post-marketing surveillance, as required.
- ❖ for legal proceedings we may disclose protected health information in the course of any judicial or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process

- ❖ for law enforcement may disclose protected health information as long as applicable legal requirements are met, (1) legal processes and otherwise required by law, (2) limited information requested for ID and location purposes, (3) pertaining to victims of crime, (4) suspicion that death occurred as a result of criminal conduct, (5) if a crime occurs on the premises, (6) medical emergency and crime did not occur on practice premises.
- ❖ for funeral directors, as authorized by law to carry out his or her duties
- ❖ for coroners or medical examiner for identification purposes, determining cause death of for the coroner or medical examiner to perform other duties as authorized by law
- ❖ for cadaveric organ, eye, or tissue donation purposes
- ❖ in criminal activity if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- ❖ for military and national security we may disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose for a determination by the Department of the Veterans affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service
- ❖ we may disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you
- ❖ under the law, when we must make disclosures about you to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of the Privacy Rule.

Your Rights Under the Privacy Rule

The following is a statement of you rights under the Privacy Rule, in reference to your Protected Health Information. Please feel free to discuss any questions with our staff.

You have the right to receive, and we a required to provide to you with, a copy of this Notice of Privacy Practices. - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice at any time. If needed, new versions of the notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised copy **Notice of Privacy Practices** if you call our office and request a revised copy be sent to you by mail or ask for one at the time of your next appointment.

You have the right to authorize other use and disclosure – This means you have the right to authorize or deny any other use or disclosure or protected health information that is not specified within this notice. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider or our office has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to designate a personal representative – This means that you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of protected health information.

You have the right to inspect and copy your protected health information – This means you may inspect and obtain a copy of protected health information about you that is contained in your patient record.

You have the right to request a restriction of your protected health information – This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notification of Privacy Practices. In certain cases, we may deny your request for a restriction.

You have the right to request an amendment to your protected health information - This means that you may request an amendment of your protected health information for as long as we maintain this information. In certain cases, we may deny your request for amendment.

You have the right to request disclosure accountability - This means that you may request a listing of disclosures that we have made, of your protected health information, to entities or persons outside of our office other than for the purposes of treatment, payment, healthcare operations, or a purpose authorized by you.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Contact for more information about the complaint process.

This notice becomes effective on April 14, 2003

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**Patient Acknowledgement of Receipt of Notice of
Use and Disclosure of Health Information
For Treatment, Payment or Healthcare Operations**

I understand and have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures.

Patient Signature

Date