

HIPAA NOTICE OF PRIVACY PRACTICES

Purpose of this Notice:

We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you receive. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

How We May Use and Disclose Information about You:

The following categories (listed in bold-face print, below) describe different ways that we use and disclose your protected health information (PHI). For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within the categories below.

For Treatment: We are permitted to use and disclose your PHI to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you or provide you with medical treatment or services. For example, a doctor treating you for cancer may need to know if you are taking certain medications because this may affect your response to radiation. In addition, the doctor may need to inform the nutritionist that you may need counseling in order to maintain your nutrition during treatment. We also may share your PHI in order to coordinate the different services that you need, such as lab work, x-rays, and prescriptions. We also may disclose your PHI to health care providers outside our office who may be involved in your medical care, such as physicians who will provide follow-up care, physical therapy organizations, medical equipment suppliers, and skilled nursing facilities.

For Payment: We are permitted to use and disclose your PHI so that the treatment and services you receive may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about the radiation you received at our office so your health plan will pay us or reimburse you for the treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to faculty physicians, nurses, technicians, medical students, and other personnel to conduct training programs

To Business Associates for Treatment, Payment and Health Care Operations: We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provide.

Individuals Involved in Your Care or Payment for Your Care: We may release your PHI to a family member, other relative or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We also may release information to someone who helps pay for your care. We also may tell your family or friends that you are a patient and what your general condition is. In addition, we may disclose your PHI to a group assisting in a disaster relief effort so that your family can be notified about your location and general condition.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to give you information about treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Special Situations

As Required By Law: We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities: We may disclose your PHI for public health activities. For example, public health activities generally include:

- a. preventing or controlling disease, injury or disability;
- b. reporting births and deaths;
- c. reporting child abuse or neglect;
reporting reactions to medications or problems with products;
- d. notifying patients of recalls of products they may be using;
- e. notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- f. notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official:

- a. in response to a court order, subpoena, warrant, summons or similar process;
- b. to identify or locate a suspect, fugitive, material witness or missing person, but only if limited information (e.g., name and address, date and place of birth, Social Security number, blood type and RH factor, type of injury, date and time of treatment, and date and time of death, if applicable) is disclosed;
- c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- d. about a death we believe may be the result of criminal conduct;
- e. about criminal conduct we believed occurred on UTMB's premises; and
- f. in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release PHI about patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI about patients to funeral directors as necessary to help them carry out their duties.

Organ and Tissue Donation: We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Research: Under certain circumstances, we may use and disclose your PHI 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. Most research projects, however, are subject to a special approval process. This process requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy. Before we use or disclose PHI for research, the project will have been approved through this special approval process. However, this special approval process is not required when we allow researchers who are preparing a research project to look at information about patients with specific medical needs, so long as the PHI they review does not leave our office.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to law enforcement in order to help prevent the threat.

Armed Forces and Foreign Military Personnel: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under specific circumstances such as (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation: We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

When Your Authorization is Required:

Uses or disclosures of your PHI for other purposes or activities not listed above will be made only with your written authorization (permission). If you provide us authorization to use or disclose your PHI, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission.

Special Protections for Alcohol and Drug Abuse Information:

Alcohol and drug abuse information has special privacy protections. We will not disclose or provide any PHI relating to the patient's substance abuse treatment unless: (1) there is a patient authorization; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation; or (5) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Your Rights:

You have the following rights regarding the PHI we maintain about you.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We will notify you in writing whether we agree or do not agree with your request.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use and/or disclosure of the information; (3) to whom you want the limits to apply (for example, disclosures to your spouse); and (4) your contact address. A restriction request form is available at the front desk.

Right to 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 only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Receive a Copy: You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. Psychotherapy notes may not be inspected or copied.

If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect or receive a copy in certain very limited circumstances. If you are denied access to PHI, we will notify you in writing, and you may request that the denial be reviewed. Another licensed health care professional chosen by UTMB will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the doctor. You must include a reason that supports your request. In order to ensure that we collect the information we need.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by the doctor; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. We will notify you in writing whether we agree or do not agree with your amendment request.

Additionally, if we grant the request, we will make the correction and distribute the correction to those who need it and those you identify that you want to receive the corrected information. If we deny your request for an amendment, we will notify you how you may file a complaint with our office or the Department of Health and Human Services.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" that have been made by our office in the past six (6) years. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure.

Your request must state a time period not longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to 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 of this notice.