Notice of Privacy Practices

Texas Family Physicians
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Phone: 512.524.2336
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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.

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information as described in this notice.

period for the requested information. You may not request this information for any dates prior to April 14, 2003(the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information). Your first request within a 12-month period will be free. There will be a cost for any additional requests. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications: You have the right to request how we communicate with you to preserve your privacy. For example- you may request that we only call you at work, etc. Your request must be made in writing. We will accommodate all reasonable requests.

File a Complaint: If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our office manager or directly to the Secretary of Health and Human Services. To file a complaint with our office, you must submit it in writing within 180 days of the suspected violation. You should know that there would be no retaliation for your filing a complaint.

For more information: You may ask our receptionist for additional information to read or contact our office manager. Please sign and return the attached form to our receptionist upon reading this brochure.

You must submit this request in writing to our office manager, stating exactly what information is incomplete or inaccurate and your reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:
- the information was not created by us, or who created it is no longer available to make the amendment;
- the information is not part of the record which you permitted to inspect and copy;
- the information is not part of the designated record set kept by this practice; or if it is the opinion of the health care provider;
- the information is accurate and complete.

Request Restrictions: You are able to request a restriction or limitation of how we use or disclose your information. For example- request us not to release information about prior treatment to a family member or someone who may be involved in your care or payment for care. You must submit this request in writing to our office manager. We are not required to agree to your request if we feel it is in your best interest to use or disclose your information. However, if we agree, we will comply with your request unless that information is needed for emergency treatment.

An Accounting of Disclosures: You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time

Ways in Which We May Use and Disclose Your Protected Health Information:

We assure that all of the ways we are permitted to use and disclose your health information fall within one of the following categories. We have provided an example for each category, but these examples are not meant to be exhaustive.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. Additionally we may disclose your health information to another physician who we have requested to be involved in your care. We will also disclose your health care information to a specialist to whom we referred you.

Payment: We will use and disclose your protected health information to obtain payment for the services we provide you. For example- We may enclose information with a bill to a third- party payer that identifies you, your diagnosis, procedures performed and supplies used in rendering the service.

Health Care Operations: We will use and disclose your protected health information to support the business activities of our practice. For example-we may use medical information about you to review and evaluate our treatment and services, and our staff's performance.

Other Ways We May Use and Disclose Your Protected Health Information:

Appointment Reminders: We will use and disclose your protected health care information to contact you as a reminder about scheduled appointments or treatment.

Treatment Alternatives: We will use and disclose your protected health care information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

Others Involved in Your Care: We will use and disclose your protected health information to a family member, a relative, or any other person that you identify that is involved in your medical care or payment for care.

Research: We will use and disclose your protected healthcare information to researchers if the research proposal and protocols to ensure privacy have been reviewed by an institutional review board.

As Required by Law: We will use and disclose your protect health information when required to by federal, state, or local law. You will be notified of any such disclosures.

To Protect Public Health and or Safety: We will use and disclose your health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. We may also disclose you information to a foreign government agency, if directed by the public health authority.

Inmates: We will use and disclose your health information to a correctional institution or law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the heath and safety of others; or the safety and security of the correctional institution. **Your Health Information Rights** Although your health record is the physical property of the heath care practitioner or facility that compiled it, the information is yours. You have the right to:

Inspect and Copy: You have the right to inspect and copy the protected health information, for as long as we maintain that information. Your protected health information includes medical & billing records, as well as any other records we use to make decisions about you. Any psychotherapy notes about you are not available for your inspection or copying by law. TFP charges $25.00 for copying, mailing, or any other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our office manager. We will have 30 days to respond to your request for information that we maintain in our office. If the information is stored off- site, we are allowed 60 days to respond but we will inform you of this delay.

Request Amendment: You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. Please contact our Office Manager- Michelle Boyd 512-524-2336

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of Texas Family Physicians Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

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Name of Patient (Print)

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Signature of Patient or Personal Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

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Name of Patient or Personal Representative (Please Print)

_____

Date

Texas Family Physicians reserves the right to modify the privacy practices outlined in this notice.