



12319 N Mopac Expy Bldg C Ste 300 Austin, TX 78758 (512) 454-0341

Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

To Our Patients: We are required by all applicable federal and state law to maintain the privacy of your health information. This notice describes how we may use or disclose your health information and how you can get access

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

1. We may use and disclose your PHI in the following ways:

- a. **Treatment:** Our practice may use your PHI to treat you. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. We may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Lastly, we may disclose your PHI to other healthcare providers for purposes related to your treatment.
- b. **Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs.
- c. **Appointment Reminders:** Our practice may use and disclose your PHI to contact you and remind you of an upcoming appointment.
- d. **Disclosures Required by Law:** our practice will use and disclose your PHI when we are required to do so by federal or state law.

2. Special Circumstances:

- a. **Public Health Risks:** Our practice may disclose your PHI to public health officials that are authorized by law to collect information.
- b. **Health Oversight Activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law, which include audits, investigations, inspections, and licensure.
- c. **Lawsuits:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
- d. **Law Enforcement:** We may release your PHI if asked to do so by a law enforcement official.
- e. **Military:** We may use and disclose your PHI if you are a member of U.S military forces and if required by the appropriate authorities.
- f. **National Security and Intelligence Activities**
- g. **To the protective services for the President or other foreign heads of state.**
- h. **If you are an Inmate or an individual in custody**
- i. **Workers Compensation**



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Your rights regarding your PHI:

- a. **Confidential Communication:** You have the right to request that our practice communicate with you about your health in a particular manner or at a certain location. You may make a written request to our office specifying the request method or location of contact.
- b. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. You can make your request in writing to our office which must include; the information you wish to be restricted, for our use or disclosure, or both, and to whom you want the limits to apply.
- c. **Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you.
- d. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. We may deny your request if you ask us to amend information that is in our opinion; accurate and complete, PHI not kept by or for the practice, or not created by our practice.
- e. **Accounting of disclosures:** You may request an accounting of disclosures. This is a written report of disclosures of PHI made for reasons other than treatment, payment, or healthcare operations. Examples include disclosures for research, public health activities, or as a result of a subpoena. You can request one every 12 months at no charge. The accounting covers a period of up to six years prior to the request.
- f. **Paper Copy of this Notice:** You may ask us to give you a copy of this notice at any time. You can contact our office to obtain a paper copy.
- g. **Right to File a Complaint:** You may file a complaint with our practice or with the secretary of the HHS (Health and Human Services) if you believe your privacy rights have been violated. We encourage you to file your complaint with our office first and give us the opportunity to address your concerns. Complaints to our office must be submitted in writing.