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Allergy and Asthma Center at Waxahachie/Mansfield

Notice of Privacy Practices

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.

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPPA) require that Allergy and Asthma Center at Waxahachie/Mansfield (“the practice”) provide you with this Notice Regarding Privacy Personal Health Information. This Notice describes: 1. how the practice may use and disclose your protected health information; 2. your rights to access and control your protected health information in certain circumstances; and 3. the practice’s duties and contact information.

I. PROTECTED HEALTH INFORMATION

“ Protected health information” is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present, or future physical or mental health; the provision of health care to you; and your past, present, or future payment for health care.

II. USES AND DISCLOSURES

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician or other specialists share your medical information with us. Also, we may provide your primary care physician and other specialists with information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any. In addition, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management of our practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Other uses and disclosures include appointment reminders: Your health information will be used by our staff to send you appointment reminders via the telephone, electronic mail and/or the US mail and **information about treatments:** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.. We may also send you information describing other health-related products and services that we believe may interest you.

III. ADDITIONAL USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION OR AN OPPORTUNITY TO OBJECT

In addition to treatment, payment, and healthcare operations, the practice may use or disclose your protected health information without your permission or authorization in certain circumstances, including:

When legally required: The practice will comply with any Federal, state, or local law that requires it to disclose your protected health information

When there are risks to Public Health: The practice may disclose your protected health information for public health purposes, including to, as permitted or required by law:

1. Prevent, control, or report disease, injury, or disability
2. Report vital events such as birth or death
3. Conduct public health surveillance, investigations, and interventions;
4. Collect or report adverse events or product defects; track FDA-regulated products; enable product recalls, repairs, or replacements; and conduct post-marketing surveillance.
5. Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
6. Report to an employer information about an individual who is a member of the workforce.

To report abuse, neglect, or domestic violence: As required or authorized by law or with the patient's agreement, the practice may inform government authorities if it believed that a patient is the victim of abuse, neglect or domestic violence

To conduct health oversight activities: The practice may disclose your protected health information to a health oversight agency for use in: 1. audits; 2. civil, administrative, or criminal investigations, proceedings, or actions; 3. inspections; 4. licensure or disciplinary actions; or 5. other necessary oversight activities as permitted by law. However, if you are the subject of an investigation, the practice will not disclose protected health information that is not directly related to your receipt of health care or public benefits.

For judicial and administrative proceedings: The practice may disclose your protected health information for any judicial or administrative proceeding if the disclosure is expressly authorized by an order of a court or administrative tribunal as expressly authorized by such order or a signed authorization is provided.

For law enforcement purposes: The practice may disclose your protected health information to a law enforcement official for law enforcement purposes when:

1. Required by law to report certain types of physical injuries
2. Required by court order, court-ordered warrant, subpoena, summons, or similar process
3. Needed to identify or locate a suspect, fugitive, material witness, or missing person
4. Needed to report a crime in an emergency situation

To coroners, funeral directors, and for organ donation: The practice may disclose protected health information to a coroner or medical examiner for the purpose of 1. identification; 2. determination of cause of death; 3. performance of the coroner or medical examiner's other duties as authorized by law. In addition, as permitted by law, the practice may disclose protected health information, including when death is reasonably anticipated, to a funeral director, to enable the funeral director to carry out his or her duties. Protected health information may also be used and disclosed for the purpose of cadaveric organ, eye or tissue donation.

For research purposes: The practice may use or disclose your protected health information for research if such use or disclosure has been approved by an institutional review board or privacy board that has examined the research proposal and the research protocols which maintain the privacy of your protected health information.

For specified government functions: As authorized by the HIPPA privacy regulations, the practice may use or disclose your protected health information to facilitate specified government functions relating to military and veterans' activities, national security and intelligence activities, protective services for the

President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

For worker's compensation: The practice may disclose your health information to comply with worker's compensation laws or similar programs.

IV. USES AND DISCLOSURES PERMITTED WITH AN OPPORTUNITY TO OBJECT

Subject to your objection, the practice may disclose your protected health information: 1. to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care; or 2. when attempting to locate or notify family members or others involved in your care to inform them of your location, condition, or death. The practice will inform you orally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not object to these disclosures, the practice is able to infer from the circumstances that you do not object, or the practice determines, in its professional judgement, that it is in your best interests for the practice to disclose information that is directly relevant to the person's involvement with your care, then the practice may disclose your protected health information. If you are incapacitated or in an emergency situation, the practice may exercise its professional judgement to determine if the disclosure is in your best interests, and if such a determination is made, may only disclose information relevant to your health care.

V. INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to your protected health information
- the right to receive an accounting of how and to whom your protected health information has been disclosed
- the right to receive a printed copy of this notice

VI. PRACTICE DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

VII. RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

VIII. REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist or the Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. You will be charged a fee as limited by The Texas State Board of Medical Examiners for the copy of your records.

IX. COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can contact the Privacy Officer at the address shown below. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the address shown below. You will not be penalized or otherwise retaliated against for filing a complaint.

You may also send a letter outlining your concerns to the U.S. Department of Health and Human Services.

X. CONTACT PERSON

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer
2460 N I-35 East, Suite 220
Waxahachie, TX 75165

EFFECTIVE DATE: THIS NOTICE IS EFFECTIVE ON OR AFTER APRIL 14, 2003