

Hematology/Oncology Associates of Houston Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPPA” provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.**
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.**
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.**

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent we have already taken actions relying on your authorization

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the front desk, who will relay this request to the privacy officer:

- **The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.**
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.**
- The right to inspect and copy your protected health information.**
- The right to amend your protected health information.**
- The right to receive an accounting of disclosures of protected health information.**
- The right to obtain a paper copy of this notice from us upon request.**

We may also disclose your identifiable health information in some unique scenarios.

- 1. Public Health Risk- We may disclose to authorize public health authorities.**
- 2. Health oversight activities-inspections, audits, often by governmental agencies**
- 3. Lawsuits and similar proceedings-By court or administrative order, for example.**
- 4. Law enforcement-crime reporting, emergency, suspect location.**
- 5. Deceased patients- for medical examiners and coroners.**
- 6. Organ and tissue donation- if you are an organ donor, medical information can be released.**
- 7. Research usually your written authorization would be obtained.**
- 8. Serious threats to health and safety if necessary to prevent a threat to your safety.**
- 9. Military if you are a member of the armed forces.**
- 10. National security to protect heads of state or participate in investigations.**
- 11. Inmates to correctional institutions if you are an inmate.**
- 12. Worker's compensation our practice can release your medical information related to this.**

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

This notice is effective as of _____, 2003 and we are required to abide by the terms of the Notice of privacy practices currently in effect. We reserve the right to change the terms of our notice and to make new provisions effective for all protected health information that we maintain. You may request a written copy of a revised Notice of Privacy Practices from this office

If you feel your privacy protections have been violated you may file a written complaint to us or with the Office of Civil Rights, within the Department of Health and Human Services.