

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

The Health Insurance Portability & Accountability Act (HIPAA) 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. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use or 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.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost – management analysis, accreditation and licensing, and customer service.

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 that we have already taken actions relying on your authorization.

We may use or disclose your protected health information in the following situations without your authorization or opportunity to agree or object:

- If we are required to do so by law, in which case disclosure will be limited to relevant requirements of the law
- If we are required to do so for public health purposes to a public health authority
- If we are required by the Food and Drug Administration as related to FDA-regulated products
- If we believe you have been a victim of abuse, neglect or domestic violence

Houston Rheumatology and Allergy Clinic
6550 Fannin, Suite 2421
Houston, TX 77030
Ph: 281-888-9870 Fax: 713-422-2336

In the event of your incapacity or emergency circumstances, and based on our professional judgment, we may disclose health information to notify a family member/care-giver of your location, your condition, or death.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer: Dr. Naureen Alim.

- 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 requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. This request must include an explanation of how payments will be handled under the alternatives you request.
- 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 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 July 1, 2010 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 of Privacy Practices and make the new notice provisions effective for all protected health information we maintain. We will post, and you may request, a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information please contact:

Houston Rheumatology and Allergy Clinic
Naureen Alim, M.D.
6550 Fannin, Suite 2421
Houston, TX 77030
(281) 888-9870

For information on HIPAA or for complaints:

Ralph Rouse, Regional Manager
Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
(214) 767-4056