



HIPAA 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.

Prime Rheumatology Clinic of Houston (PRCH) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Prime Rheumatology Clinic of Houston, PLLC (PRCH) please contact us at (832) 821-5550, or 17191 St Luke's Way, The Woodlands, TX 77384

I. How PRCH may Use or Disclose Your Health Information: PRCH collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of PRCH, but the information in the medical record belongs to you. PRCH protects the privacy of your health information. The law permits PRCH to use or disclose your health information for the following purposes:

1. **Treatment.** We may disclose your health care information to other healthcare professionals for the purpose of treatment, Payment or healthcare operations. Example: *Reviews of your file by a doctor whom we may involve in your care.*
2. **Payment:** We may disclose your health information to your insurance provider for the purpose of payment or health care operations. Example: *"As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Prime Rheumatology Clinic of Houston, PLLC for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to you for your insurance company for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received"*
3. **Regular Health Care Operations.** We may disclose your health information to a staff member in order that they may process paperwork, input computer information, fill out report forms, for copying or faxing whereby your medical condition, diagnosis and treatment may be visible to them in their day to day work. *"If a staff member is asked to copy records that are to be sent to another doctor at your request."*
4. **Notification and communication with family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. **Required by law.** As required by law, we may use and disclose your health information.
6. **Public health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
7. **Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
8. **Law enforcement/Judicial and administrative proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
9. **Deceased person information/ Organ donation.** We may disclose your health information to coroners, medical examiners and funeral directors. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
10. **Research.** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.
11. **Public safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.



12. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
13. Reminders. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
14. Charitable Causes. We may contact you to participate in fund-raising activities for blood drives, food bank raising donations or other charitable entities that we may be involved with to benefit those in need.
15. Change of Ownership. In the event that PRCH is sold or merged with another organization, your health information/record will become the property of the new owner.
16. Emergencies. We may disclose your health information, to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

II. Prime Rheumatology Clinic of Houston, PLLC May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, PRCH will not use or disclose your health information without your written authorization. If you do authorize PRCH to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. PRCH is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location
3. You have the right to inspect and copy your health information.
4. You have a right to request that PRCH amend your health information that is incorrect or incomplete. PRCH is not required to change your health information and will provide you with information about PRCH denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by PRCH, except that PRCH does not have to account for the disclosures described in parts (treatment), (payment), (health care operations), (information provided to you), (directory listings) and (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please circle the areas of concern and give to the front desk receptionist for follow up.

Changes to this Notice of Privacy Practices

PRCH reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, PRCH is required by law to comply with this Notice. Revised notices will be posted in the office and given to each new patient as they come in for care.

Complaints

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to U.S. Department of Health and Human Services (DHHS); we will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

**These privacy practices are currently in effect and will remain in effect until further notice.*



ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY PRACTICES NOTICE

I acknowledge that I have received, read, and understand the NOTICE OF PRIVACY PRACTICES provided by Prime Rheumatology clinic governed by the Health Insurance Portability and Accountability Act (HIPAA).

Name: _____

Signature: _____ Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Privacy Practices Notice, but could not obtain it for the following reason:

- ___ 1. Individual refused to sign.
- ___ 2. Communication barriers prohibited acknowledgement.
- ___ 3. An emergency situation prevented us from obtaining acknowledgement.
- ___ 4. Other (please specify): _____