



The
HAND & PLASTIC SURGERY
CENTER of Katy

23960 Katy Freeway, Suite 380, Katy, TX 77494
Tel 832-232-4263 Fax 844-342-4263
www.handandplastickaty.com

Notice of Patient Privacy Practices

Effective 2/1/2016

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.

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care at The Hand & Plastic Surgery Center of Katy (referred to herein as *The Center*), a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, relevant photographs, and billing record. This record serves as a:

- Basis for planning your treatment and services
- Means of communication among the physicians and other health care providers involved in your care
- Means by which you or a third-party payor can verify that services billed were actually provided
- Source of information for public health officials
- Tool for assessing and continually working to improve the care rendered

This notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as "medical information"). It also describes your rights and our obligations regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES

The Center shall:

- Make every effort to maintain the privacy of your medical information
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- *The Center* will notify you, and the Department of Health and Human Services of any unauthorized acquisition, access, use, or disclosure of your unsecured medical information that presents a significant risk of financial, reputational, or other harm to you, to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible disclosure.

- **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow up care.

- **For Payment.** We will use and disclose your medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
- **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run *The Center* in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
- **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, *The Center* may provide a telephone, email, or text reminder that your next appointment with one of our physicians is coming up.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws and regulations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety *OR* the health and safety of another person.

SPECIAL SITUATIONS

- **Workers' Compensation.** We may release medical information about you for workers' compensation or other similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include:
 - To prevent or control disease, injury, or disability
 - To report reaction to medications or problems with products
 - To notify people of recalls of products they may be using
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These include public and private agencies authorized to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

- **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (e.g. to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Other Uses or Disclosures.** Any other use or disclosure of your Protected Health Information, unless required by law, will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy such information, you must submit your request in writing to *The Center*. If you request a copy of the information, *The Center* may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.
 - *The Center* may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by *The Center* will review your request and denial. The person conducting the review will not be the person who denied your request. *The Center* will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask *The Center* to amend the information. To request an amendment, your request must be made in writing and submitted to *The Center*. In addition, you must provide the reason that supports your request. *The Center* may deny your request if you ask us to amend information that:
 - Was not created by *The Center*, unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the medical information kept by *The Center*
 - Is not part of the information which you would be permitted to inspect and copy
 - Is accurate and complete
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list, you must submit your request in writing to *The Center*. Your request must state a time period, which may not be longer than 6 years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists within the 12 month period, you may be charged for the cost of providing the list.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information *The Center* uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information *The Center* discloses about you to someone who is involved in your care or the payment of your care. *The Center* is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which *The Center* has been paid out of pocket in full. Should *The Center* agree to your request, *The Center* will comply with your request unless the

information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to *The Center*. In your request, you may indicate (1) what information you want to limit, (2) whether you want to limit *The Center's* use and/or disclosure, and (3) to whom you want the limits to apply.

- **Right to Request Confidential Information.** You have the right to request that *The Center* communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that *The Center* contact you only at work or by mail. To request that *The Center* communicate in a certain manner, you must make your request in writing. You do not have to state the reason for your request. The practice will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by the office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with *The Center* or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with *The Center*, contact our office at 832-232-4263. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services
Region VI, Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*

All complaints shall be submitted in writing. **You will NOT be penalized for filing a complaint.**

By my signature, I acknowledge that I have read and understand the above information regarding the privacy of my protected health information. If the patient is a minor, the responsible party is required to sign below.

Patient Name

Patient Signature

Date

Personal Representative Signature (If applicable)

Relationship to Patient