

# NOTICE OF PRIVACY

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.

## CHANGES TO THIS NOTICE

We may change our policies and privacy practices at any time. Changes will apply to your protected health information we already hold, as well as new information obtained after the change occurs. When we make a significant change in our policies, we will change our Notice and post the new Notice in our waiting area and on our Web site at [www.kelliwoodfp.com](http://www.kelliwoodfp.com). You can receive a copy of the current Notice at any time. The effective date is listed just below the title. You will be offered a copy of the current Notice each time you register at our office for treatment/office visit. You will also be asked to acknowledge in writing your receipt of this Notice.

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

- We may use and disclose medical and billing information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company); and **to support our health care operations** (such as comparing patient data to improve treatment methods).
- We may use or disclose medical and billing information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out protected health information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ donation, workers' compensation purposes, or during emergencies**. We may also disclose protected health information when required by law, such as in response to a request from law enforcement officials in specific circumstances, or in response to valid judicial or administrative orders.
- We may contact you for **appointment reminders** or tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you.
- We may disclose medical and billing information about you to **a friend or family member who is involved in your medical care** or to disaster relief authorities so that your family can be notified of your location and condition.

## OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- In most cases, **you have the right to look at or obtain a copy of medical and billing information** contained in the designated record set that we use to make decisions about your care. If you request copies, we may charge a fee for the cost of copying, related supplies or postage. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your designated record is incorrect or if important information is missing, **you have the right to request that we correct the records**. Your request may be submitted in writing. A request for amendment must provide your reason for the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical or billing information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **You have the right to a list of those instances where we have disclosed medical and billing information about you**, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. When you submit a written request, the request must state the time period desired for the accounting, which must be less than a six (6)-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list. We will inform you of the cost before you incur any charges.
- If this Notice was sent to you electronically, **you have the right to a paper copy of this Notice**.
- **You have the right to request that your medical and billing information be communicated to you in a confidential manner**, such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you.
- **You may request, in writing, that we not use or disclose protected health information about you** for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision.

**All written requests or appeals should be submitted to our Privacy Officer listed on this notice.**

## COMPLAINTS

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer. Finally, you may send a written complaint to: Office for Civil Rights, U.S. Department of Health and Human Services Office at 1301 Young Street, Suite 1169, Dallas, TX, 75202.

## WHO WILL FOLLOW THIS NOTICE?

*Kelliwood Family Practice* obtains written agreements with any other entities with which we share health information to follow all privacy policies of our practice.

## OUR PLEDGE TO YOU

We understand that medical and billing information about you is personal. We are committed to protecting the privacy of your medical and billing information. We are required by law to keep medical and billing information about you private; give you this notice of our legal duties and privacy practices with respect to your protected health information; and follow the terms of the Notice currently in effect.

**PRIVACY OFFICER, KELLIWOOD FAMILY PRACTICE:** Ms. Martinez, 281-398-4222, ext. 11.