

Neurology Center of San Antonio

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Notice of Privacy Practices

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes how medical information about you may be used and disclosed and how you obtain access to this information as required by the privacy regulation created as a result of the Health Information Portability and Accountability Act of 1996 (HIPAA). You may request a copy of this notice at any time. For more information about this notice, please contact this practice's administration.

Our Commitment to Your Privacy

We are required by law and regulations to protect the privacy of your medical information. We are required to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of this notice. To this end, the practice restricts no individuals employed in this office from having access to your medical records. It is essential that adequate access to your medical records be authorized in order to provide you the proper and desired quality of care.

How We May Use and Disclose Your Protected Health Information

Treatment. We are permitted to use and disclose your medical information to those involved in your treatment. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment. We are permitted to use and disclose your medical information to any third party insurer for billing and collecting payment for the services provided to you.

Effective April 14, 2003

Health Care Operations. We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example health care operations may be defined as:

- Appointment reminders
- Treatment options
- Health related benefits or services
- Physician peer review

Your Rights Under Federal Privacy Regulations

Requested Restrictions. You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We **do not** have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing to this practice's Privacy Officer: (a) the information to be restricted, (b) what kind of restriction you are requesting, and (c) to whom the limits apply. You may request we limit disclosure to family members, other relatives or close personal friends that may or may not be involved in your care.

Receiving Confidential Communications by Alternative Means. You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to this practice's Privacy Officer. We are required to accommodate only **reasonable** requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information. You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Please send your written request for inspection and/or copies of your health information to this practice's Privacy Officer. We are required to provide copies or a narrative within 15 days of your received request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access we will inform you in writing.

We can **refuse to provide** some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality
- Is subject to the Clinical Laboratory Improvements Amendments of 1988
- Has been compiled in anticipation of litigation

We can **refuse to provide** access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

HIPAA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. In any event the lower of the fee permitted by HIPAA or the fee permitted by the TSBME will be charged.

Amendment of Medical Information. You may request an amendment of your medical information in the designated record set. Any such request must be in writing to this practice's Privacy Officer. We will respond within 60 days of your request. We may **refuse to allow** an amendment if the information:

- Was not created by this practice or the physicians here in this practice
- Is not part of the Designated Record Set
- Is not available for inspection because of an appropriate denial
- If the information is accurate and complete

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allowing the amendment to be made.

Accounting of Certain Disclosures. The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are **other than** for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit written request for an accounting to this practice's Privacy Officer. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

Disclosures That May Be Made WITHOUT Your Authorization

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. Your medical information may be released if disclosure of the information is required by law.

Public Health, Abuse or Neglect, and Health Oversight. We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics, or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify patients of recalls of product they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the healthcare delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement. We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena
- Pertains to a victim of crime and you are incapacitated
- Pertains to a person who has died under circumstances that may be related to criminal conduct
- Is about a victim of crime and we are unable to obtain the person's agreement
- Is released because of a crime that as occurred on these premises
- Is released to locate a fugitive, missing person, or suspect

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers' Compensation. We may disclose your medical information as required by the Texas Workers' Compensation Law.

Inmates. If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President.

We may disclose your medical information for specialized government functions such as separation or discharge from military service, requests as necessary by appropriate military command officers, authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the president of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors.

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

Complaints. If you are concerned that your privacy rights have been violated, you may contact this practice's Privacy Officer. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-04
Baltimore, Maryland 21244

Notice Of Patient's Rights

The Health Information Portability and Accountability Act of 1996 (HIPAA) intends to protect individually identifiable health information by providing a common standard for uses and disclosure. HIPAA affords patients specific rights in addressing uses and disclosure of their own health information. The following are regulations under HIPAA collectively known as Patient Rights. Please read it carefully. For information about this notice or our privacy practices and policies, please contact this practice's Privacy Officer.

- **Right to a notice of privacy practices for protected health information.**
- **Right to request a restriction to the uses and disclosures of their protected health information.**
- **Right to receive confidential communications.**
- **Right of access to their information.**
- **Right to request an amendment to their information.**
- **Right to an accounting of disclosures outside of treatment, payment, and healthcare operations.**
- **Right to obtain a paper copy of an electronic Notice of Privacy Practices.**