

Nasa Spine Institute

Kim J.Garges, M.D., P.A.

R.Eric Santos, M.D., P.A.

333 N. Texas Ave

Suite 3200

Webster, Texas 77598

Phone: (281) 333-2727 Fax: (281)333-2828

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.

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.

Uses and Disclosures:

Treatment:

We are permitted to use and disclose your medical information to those involved in your treatment. Your health information may be used by staff members for disclosure to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, your treatment may require us referring to another specialist. When we refer to another specialist we will share some or all of your medical information with these physicians to facilitate the delivery of care or 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:

Your health information may be used to seek payment from your health plan, and to bill and collect payment for the services provided to you. For example, your health care plan may require medical information, such as a description of the medical services provided to you, dates of service, and medical condition being treated, that your insurer or HMO plan needs to approve payment to us.

Healthcare Operations:

Your health information may be used for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

Disclosures that can 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. In order situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse or Neglect, and Health Oversight:

Your health care information may be disclosed for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), 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 of contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

Your health care information may be used to disclose information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure application and inspections which are all government activities undertaken to monitor the health care 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 the administrative decision-maker) 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 related because of a crime that has occurred on these premises; or
- 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.

Required by Law:

We may release your medical information where the disclosure is required by law.

Patient Rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosures of your protected health information;
- The right to receive confidential communications concerning your medical condition and treatment;
- The right to inspect and copy your protected health information;
- The right to amend or submit corrections to your protected health information;
- The right to receive an accounting of how and to whom your protected health information;
- The right to receive a copy of this notice.

Appointment reminders:

Your health information will be used by our staff to send or call you regarding your appointment reminders.

Your Rights Under Federal Privacy Regulations:

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

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: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send the request to the address and person listed below. You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

Inspection and Copies of Protected Health Information:

You may inspect and/or copy health information that is written the designated record set, which is information that is used to make decisions about your care. Texas law requires that the requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed below.

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

Texas law requires that we are ready to provide copies or a narrative within 15 days of your 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.

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 amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

- Wasn't created by this practice or the physician 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, allow the amendment to be made and tell others that we know have the incorrect information.

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 any request for an accounting to the person listed below. 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.

Complaints:

If you are concerned that your privacy rights have been violated, you may contact the person listed below. 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 Compliant
7500 Security Blvd., C5-24-04
Baltimore, MD 21244

Our Promise to You:

We are required by law and regulation to protect the privacy of your medical information, 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 of privacy practices in effect.

Questions and Contact Person for Requests:

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Office Manager
333 N. Texas Ave Suite 3200 Webster, Texas 77598
Phone: (281)333-2727 Fax : (281)333-2828

This notice is effective on the following date: April 14, 2003

As permitted by law, we reserve the right to change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen and provide a copy to you on your next office visit following these changes.