

# PRIVACY NOTICE

**THIS NOTICE WILL EXPLAIN HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.**

## Uses and Disclosures

**TREATMENT:** Our staff members may use your health information internally (in the clinic) in the process of managing your health condition and they may disclose them to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures available in your medical record may be released to all health professionals who may need them to better provide you with treatment that you may need outside of our clinic. Your health records may also be made available to other clinicians who may be consulted by staff members.

**PAYMENT:** Your health information may be used to seek payment from your health insurance plan or from other sources of coverage such as credit card companies, automobile insurance company, or from any other source through which we determine as a source of your health coverage. For example, your health plan may request and will receive information on dates of service, the services provided, and the medical condition being treated.

**HEALTHCARE MANAGEMENT:** Your health information may be used as necessary to support the day-to-day activities and management of Emmason Pediatric and family Clinic. For example, information on the services you received may be used for analysis and evaluating care rendered so as to promote quality, and also to support budgeting and financial reporting

**LEGAL REPORTING:** Your health information may be reported to law enforcement agencies so as to support government audits, inspections, to enhance law-enforcement investigations, and or to comply and cooperate with government mandated reporting.

**PUBLIC HEALTH:** Your health information may be reported to public health agencies as required by law. For example, we are required to report certain communicable diseases such as certain sexually transmitted diseases to the city or state's public health department.

## OTHER USES:

- ❖ Other uses and disclosures may require your authorization before we release or report them. In some cases, disclosure of your health information or its use for any purpose other than those listed above may require your consent by way of written authorization. Should you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, if you decide to revoke a prior authorization, the authorization will not affect or reverse any use or disclosure of information that had already occurred before you notified us of your decision to revoke your authorization.
- ❖ Your health information will be used by our staff to send you appointment reminders or other promotions.
- ❖ Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may be of interest to you.

## INDIVIDUAL RIGHTS

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

- the right to request restrictions on the use and disclosure 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 has been disclosed
- the right to receive a printed copy of this notice

By law we are required to maintain the privacy of all patients' protected health information and to provide patients with notice of privacy practices. We are equally required to abide by the privacy policies and practices that are outlined in this notice. However, we do not have limit to use or disclose protected health information outlined in this notice.

### Right to Revise Privacy Practices

We reserve the right to amend or modify our privacy policies and practices without notice and as required by law. This may become necessary especially if there are changes in federal and or state laws, rules and regulations. Upon request, we will provide you with the most recently revised notice on your next visit to our clinic. The revised policies and practices will be applied to all protected health information that we keep.

### Requests to Inspect Protected Health Information

You may copy the protected health information that we keep. We require that requests to inspect or copy protected health information be submitted in writing as permitted by federal law. You may obtain a form to request access to your records by contacting our privacy officer. Your request will be reviewed and usually approved. However, your request may be denied if there are legal or medical reasons to do so.

### Complaints, Concerns, and recommendation

If you believe that your privacy rights have been violated, please bring the matter to our attention by sending a letter describing your concern to the address below. You will not be penalized or retaliated against for filing a complaint. If you would like to submit a comment, recommendation, or complaint about our privacy practices, you can do so by sending a letter outlining your concerns, comment, or recommendation to:

#### Privacy Officer

5351 Antoine Drive, Suite B Houston, Texas 77091

Effective Date: This Notice is effective on March 3, 2011

**Emmason Healthcare**  
**Emmason Pediatric and Family Clinic**

**ACKNOWLEDGEMENT OF RECEIPT AND NOTICE OF PRIVACY PRACTICES**

Dear Patient,

1. *Emmason Healthcare* is permitted or required, under specific circumstances to use or disclose protected health information (PHI) without the individual's written authorization. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.
2. *Emmason Healthcare* intends to engage in one or more of the following activities:
  - a. *Emmason Healthcare* may contact the individuals to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to the individual or patient.
  - b. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
3. The individual has the following rights regarding protected health information:
  - a. The right to request restrictions on certain uses and disclosures of protected health information. However, *Emmason Healthcare* is not required to agree to a requested restriction.
  - b. The right to receive confidential communications of protected health information as applicable.
  - c. The right to inspect and copy health information, as provided in the Privacy Regulation.
  - d. The right to amend protected health information, as provided in the Privacy Regulation.
  - e. The right to receive an accounting of disclosures of protected health information.
  - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
  - g. Individuals must submit a request in writing and allow reasonable time for response and changes, also *Emmason Healthcare* has the right to charge a fee (ask Privacy Official about fees) for the duplicating, postage, and labor involved in your request.
4. *Emmason Healthcare* is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy Practices with respect to protected health information.
5. *Emmason Healthcare* is required to abide by the terms of this Notice currently in affect.
6. *Emmason Healthcare* will provide individuals or patients with a revised copy of the revised Notice at the time of their next office visit.
7. Individuals may complain to *Emmason Healthcare* and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: File the written complaint with the Privacy Official. You may contact our Privacy Official at the following address and phone number:

Emmanuel Nwosuh  
5351 Antoine Drive, Suite B, Houston, TX 77091  
713-271-8500
8. This Notice is first in effect on March 3, 2011. Revised October 13, 2011.
9. *Emmason Healthcare* elects to limit the uses or disclosures that it is permitted to make, as follows: NONE

I hereby acknowledge that I have received a copy of *Emmason Healthcare's Notice of Privacy Practices*.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_